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MOMENTUM HEALTHCARE, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Momentum Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000076418

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Albert
(Name of Person)

Momentum Healthcare, Inc.
(Name of Firm/Company)

PO Box 19425
(Address)

Jacksonville, FL 32245
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Albert at (904) 721-6700
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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