

PO0000113331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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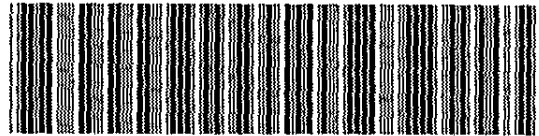
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Associates of Miami, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000113331

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

Please return all correspondence concerning this matter to the following:

Forrest Sygman

(Name of Person)

Forrest Sygman, P.A.

(Name of Firm/Company)

8603 South Dixie Highway, Suite 303

(Address)

Miami, Florida 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Forrest Sygman

(Name of Person)

at (305) 661-8955

(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:

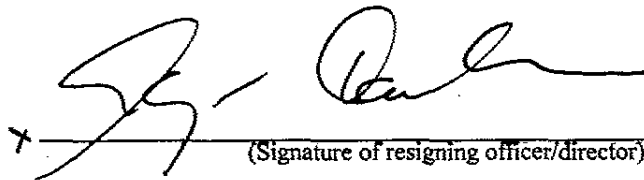
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lazaro Cadavieco, hereby resign as Director
(Title)

of Medical Associates of Miami Inc.
(Name of Corporation)

P00000113331, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314