## 10/000023270

	ANA MEDICAL SERVICES INC				
	138 NE PALM COAST PKWY STE 380 PALM COAST, FL 32137				
<del></del>	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Cor	pies Certificates of Status				
Ceranica Cop	Sies Continuates of Oracus				
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Special Instructions to Filing Officer:					
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Office Use Only

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04/07/03--01016--005 \*\*35.00 \_\_\_\_

LLEADSYES FLORIDA

03 APR -7 PM 1:33

75 4/14/03.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FLED

03 APR -7 PM 1:33

CALLAHASSEE, FLORIDA

I, Alex RRG	PP	, hereby resign as OPFICE	PR/D/RECTO/ (Title)
of ANA	M COI CAL	SeRVICES	inc.
_		ration organized under the law	<del>-</del>
FLORIDA	•		
	Manus of Sonature of	resigning officer/director)	
	y grant or		

FILING FEE IS \$35.00

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

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