## 01000084422

equestor's Name)	
ldress)	<del></del>
dress)	
ry/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
Certificates	s of Status
Filing Officer:	
	dress)  cy/State/Zip/Phone WAIT  siness Entity Nar  cument Number)

Office Use Only



500076628725

07/05/06--01005--019 \*\*35.00

ERoberts JUI 19 1688

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Ouglity Hoolth Dlane, Inc.
SUBJECT: Quality Health Plans, Inc.  (Name of Corporation)
DOCUMENT NUMBER: POIDOOO84422
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nazeer Khan, MD, CEO
(Name of Person)
Quality Health Plans, Inc.
(Name of Firm/Company)
2435 US 19, Ste 470
(Address)
Holiday, FL 34691
(City/State and Zip Code)
For further information concerning this matter, please call:
Nazeer Khan, MD, CEO  at ( 727 ) 945-8400, ext 123  (Name of Person) (Area Code & Daytime Telephone Number)
(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ary/Treasurer

(Title)

I. Courtney Browning	, hereby resign as Secretary/Treasure	er
-7	(Title)	
of_Quality Health Plans, Inc.		
· (Name of O	Corporation)	
P01000084422	a corporation organized under the laws of the Sta	ate of
(Document Number, if known)		
Florida		

(Signature of resigning officer/director)

## **FILING FEE 1S \$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