

P01000 108270

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(City/State/Zip/Phone #)

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(Business Entity Name)

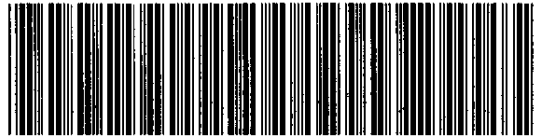
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*Resignation
of Officer*

07/20/09--01004--025 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 20 AM 10:58

FILED

*ADR
7/22/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Homestead Urgent Care Physicians, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO1000108270

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

Please return all correspondence concerning this matter to the following:

Francisco Medina
(Name of Person)

(Name of Firm/Company)

2080 SW 59 Ave
(Address)

PLANTATION FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Martinez, CPA at (305) 274-2626
(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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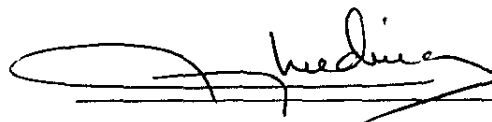
DIRECTOR (S)' RESIGNATION

HOMESTEAD URGENT CARE PHYSICIANS, INC.

The Chairman then recognized the director named below who tendered his/her resignation, effective upon the adjournment of this meeting. Upon motion duly made, seconded and carried said resignation was accepted and the Secretary was ordered to spread upon the minutes of the meeting.

I (We) the undersigned director(s) of Homestead Urgent Care Physicians, Inc., do hereby tender my (our) resignation(s), to take effect upon the adjournment of the meeting of the Board of Directors at which this resignation is accepted.

DATED 01/01, 20 06.



Francisco Medina
Treasurer-Officer