

P02000009678

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward Injury Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000009678

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

Please return all correspondence concerning this matter to the following:

Ismael Landron M.D.
(Name of Person)

Broward Injury Associates, Inc.
(Name of Firm/Company)

PO Box 267591
(Address)

Weston, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

ISMAEL LANDRON at (954) 349-1777
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

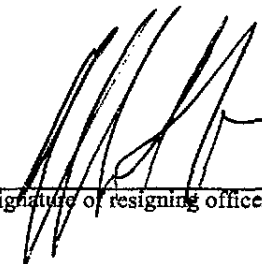
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Zoldan, hereby resign as President
(Title)

of Broward Injury Associates, Inc.
(Name of Corporation)

P02000009678, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director) 2/28/04

FILING FEE IS \$35.00

(#1001)

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

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

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