

P02000022319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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50 North Laura Street
Suite 2500
Jacksonville, Florida 32202-3646
www.akerman.com

904 798 3700 *tel* 904 798 3730 *fax*
904 634 1690 *31st floor fax*

Randal C. Fairbanks
904 598 8643 *direct tel*
904 598 3963 *direct fax*
randal.fairbanks@akerman.com

December 5, 2008

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

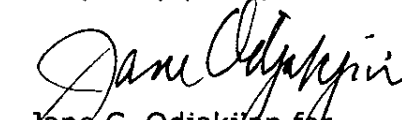
Re: Ednem Medical Services, P.A.

Dear Sir:

Enclosed please find Officer/Director Resignation for a Corporation for the above named entity. Please find same in your records.

Also enclosed is check #27336 of Ednem Medical Services P.A. in the amount of \$35.00 for your filing fee.

Very truly yours,


Jane C. Odjakjian for
Randal C. Fairbanks

Enclosures

cc: Edsel J. Comenencia, M. D.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDNEM MEDICAL SERVICES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P02000022319

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

Please return all correspondence concerning this matter to the following:

Randal C. Fairbanks

(Name of Person)

AKERMAN SENTERFITT

(Name of Firm/Company)

50 N. Laura Street, Suite 2500

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Odjakjian, Assistant-R. Fairbanks at (904) 798-3700
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

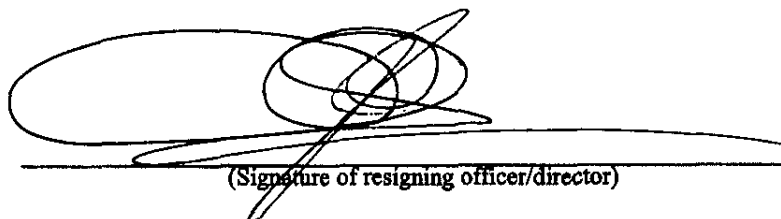
08 DEC 10 PM 12:56

I, DR. EDSEL J. COMENENCIA, hereby resign as DIRECTOR
(Title)

of EDNEM MEDICAL SERVICES, P.A.
(Name of Corporation)

P02000022319, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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