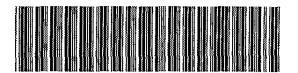
## P02000046406 MAN 16 MAN

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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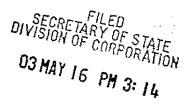
05/16/03--01047--005 \*\*70.00

0/D resig.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Suncoast Heart Source (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mane Gastino (Name of Person)
(Name of Firm/Company)
8043 Floral VIEW WAY (Address)
Brt Richey IL 34668 (Cit)/State and Zip Code)
For further information concerning this matter, please call:    Max.   State   State
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



i, Manc	A-GANTINO	, hereby resi	gn as Vice Pre	(Title)	-*
of Serve	onst Hom. (Name o	F Source f Corporation)	E, INC.	,	
(Document Ni Horn dha	umber, if known)	, a corporation organiz	zed under the laws of	the State of	
y et e	Mac	Sal			er jæst
	(S1)	mature of resigning office	r/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