P02000080211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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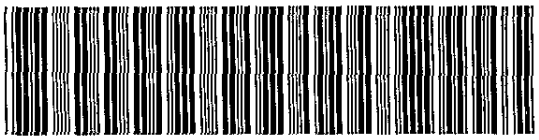

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TALLAHASSEE, FLORIDA

9/22/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INDEPENDENT MEDICAL BILLING SERVICES, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000080211

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

Please return all correspondence concerning this matter to the following:

OLGA MENA
(Name of Person)

INDEPENDENT MEDICAL BILLING SERVICES, Inc
(Name of Firm/Company)

15054 SW 21st STREET
(Address)

MIRAMAR FLA 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA MENA at (305) 218-2351
(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

CR2E044(11/02)

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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Andrew Olmo, hereby resign as President (Title)

of Independent Medical Billing Services Inc (Name of Corporation),

P02000080211 (Document Number, if known), a corporation organized under the laws of the State of

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