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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALVARO R BADA, MD,PA  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000099984  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

ALVARO R BADA, MD  
\_\_\_\_\_  
(Name of Person)

ALVARO R BADA, MD,PA  
\_\_\_\_\_  
(Name of Firm/Company)

17450 WHITE WATER CT  
\_\_\_\_\_  
(Address)

PUNTA GORDA, FL 33982  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO BADA at ( 941 ) 628-0830  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

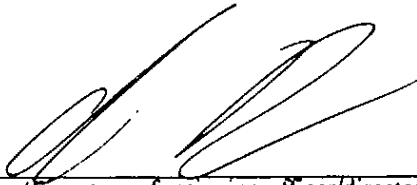
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALVARO MIGUEL BADA, MD, hereby resign as PRESIDENT, DIRECTOR  
(Title)

of ALVARO R BADA, MD, PA  
(Name of Corporation)

P02000099984, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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