

P02000111667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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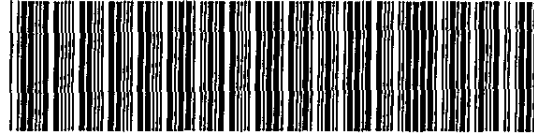
(Business Entity Name)

(Document Number)

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*Att Resign*

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SECRETARY OF STATE  
TALLAHASSEE FL 32301

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL MANAGEMENT & TECHNOLOGIES CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000111667

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

Please return all correspondence concerning this matter to the following:

DAVID N. SCHWEDEL  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

P.O. BOX 331371  
(Address)

MIAMI, FL 33233  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID N. SCHWEDEL at ( 305 ) 987 8780  
(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, DANIEL F. GALLAGHER, hereby resign as ✓ \_\_\_\_\_  
(Title)

of MEDICAL MANAGEMENT TECHNOLOGIES CORPORATION. \_\_\_\_\_  
(Name of Corporation)

902000111667, 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

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