P02000125144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLVE MEDICAL GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000125144

The enclosed Officer/Director Re: gnation for a Corporation and fee are submitted for filing.

Please return all correspondence c ncerning this matter to the following:

ARQUIMEDES G. LOSADA, MD
(Name of Pe son)

SOLVE MEDICAL GROUP, INC.
(Name of Firm/C mpany)

1435 W. 49th PLACE
(Addres

HIALEAH, FL 33012
(City/State and Z p Code)

For further information concernin this matter, please call:

ARQUIMEDES LOSADA, MD at (305) 694-2458
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 ma e 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)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MICHAEL J. MARTIN, hereby resign as Vice President (Title)

of SOLVE MEDICAL GROUP, INC. (Name of Corporation),

P02000125144 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

Michael J Martin, MD
(Signature of resigning officer/director)

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