

PD20000133652

Karen Lockwood
(Requestor's Name)

Access Healthcare
(Address)

5350 Spring Hill Dr.
(Address)

Spring Hill, FL 34606
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

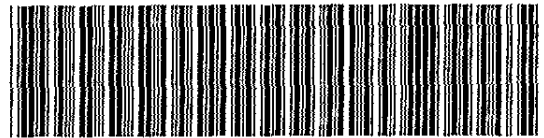
(Business Entity Name)

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12/9/03
O/D Res.
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AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA)
COUNTY OF HERNANDO)

I, MARIA SCUNZIANO-SINGH, after being duly sworn, state that to the best of my knowledge, information, and belief, and under the penalties of perjury, the following is true and correct:

I, MARIA SCUNZIANO-SINGH, hereby resign as a Director of ALL AMERICAN IPA, INC., a Florida Corporation and do hereby affirm that the Corporation has been notified in writing of my resignation.



MARIA SCUNZIANO-SINGH

Sworn to and subscribed before me this 20th day of November 2003.



Notary Public

My Commission Expires:



Filing Fee: \$35.00

AMENDMENT SECTION, DIVISION OF CORPORATIONS, Post Office Box 6327, Tallahassee, Florida 32314

J:\S\Singh, Pariksinh & Maria Scunziano-Singh\Corporate Change of Ownership\Affidavit of Resignation.wpd
jas 10-28-03

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