

PO3000010715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

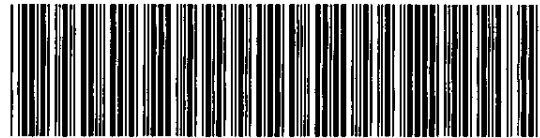
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MED CHOICE HEALTH CENTERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000010715

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

OLIVE Y. CHUNG-JAMES  
(Name of Person)

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

9275 S.W. 152<sup>ND</sup> ST. STE 204  
(Address)

MIAMI, FL. 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVE Y. CHUNG-JAMES at (305) 251-3975  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DAVE V. CHUNG-JAMES, hereby resign as DIRECTOR  
(Title)

of MEDCHOICE HEALTH CENTERS, INC.  
(Name of Corporation)

P03000010715, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 11/14/08  
(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

SECRETARY OF STATE

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