

P03000010715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

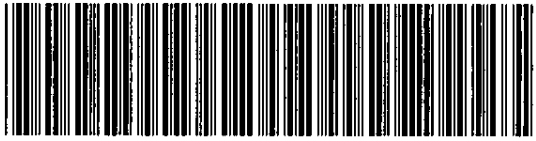
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000141438380

01/23/09--01053--005 **35.00

Off/Dir Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 AM 11:17

T. Roberts FEB 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medchoice 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:

Juan O. Otero
(Name of Person)

Medchoice Health Centers, Inc
(Name of Firm/Company)

8212 W. Flagler ST
(Address)

Miami, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan O. Otero at (305) 562-6225
(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**

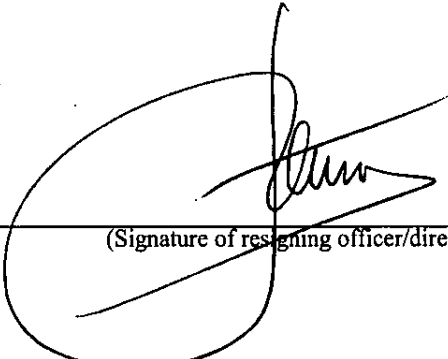
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 AM 11:17

I, Juan O. Otero. M.D., 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


(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