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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Primary Care Community Health Alliance, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000020471

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

Please return all correspondence concerning this matter to the following:

Lisa Merlino
(Name of Person)

Primary Care Community Health Alliance, Inc
(Name of Firm/Company)

6622 Santana St
(Address)

Coral Gables FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Merlino at (305) 6084164
(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, Anthony Merlino, hereby resign as V.P. (Title)
of Primary Care Community Health Alliance, Inc. (Name of Corporation)
P03000020471 (Document Number, if known), a corporation organized under the laws of the State of
Florida.


(Signature of resigning officer/director)

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03 APR 25 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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