

P03000045724

(Requestor's Name)

(Address)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All About Injuries AND WALK IN Clinic INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000045724

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

Please return all correspondence concerning this matter to the following:

Hector Roche
(Name of Person)

All About Injuries AND WALK IN Clinic INC.
(Name of Firm/Company)

4600 N. Habana Ave. - Ste. 25
(Address)

TAMPA, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Roche at (813) 598-2032
(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

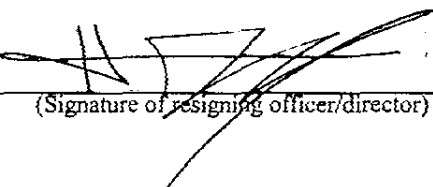
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hector Roche, hereby resign as Vice President
(Title)

of All ABOUT Injuries Walk-In Clinic, Inc.
(Name of Corporation)

P 030000 45724, a corporation organized under the laws of the State
(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

FILED
MAY 20 AM 10:14
TALLAHASSEE, FLORIDA