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(Requestor's Name)	_				
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(2), (2), (3), (5), (5)	_				
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status	-				
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Special Instructions to Filing Officer:					
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporation	S		
SUB	JECT: AMEF MEDICAL	L CENTERS # 2	, INC.	
		(Nam	e of Corpor	ation)
DOC	CUMENT NUMBER:F	203000058095		
The e	enclosed Officer/Director F	Resignation for a (Corporation	and fee are submitted for filin
Pleas	e return all correspondence	e concerning this	matter to th	e following:
NAI	NCY C. MORRISEY			
	(Name of	Person)		
AM	EF MEDICAL CENTERS	S # 2, iNC.		
	(Name of Firm	n/Company)		•
207	O NE 8TH STREET		<u></u> 1	
	(Addr	ess)		
HO	MESTEAD, FL. 33033			
	(City/State an	d Zip Code)		-
For f	urther information concern	ing this matter, pl	ease call:	
NAN	ICY C. MORRISEY	et (786	286-8918
	(Name of Person))	(Area Code	286-8918 & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 i	made payable to the	he Florida l	Department of State.
Amer Divis P.O.	ing Address: Index of Corporations Box 6327 hassee, FL 32314	Street Add Amendmen Division of 409 E. Gain Tallahassee.	t Section Corporation es Street	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Same &

I, NANCY C. MORRISEY	, hereby resign as VICE-PRESIDENT
	(Title)
of AMEF MEDICAL CENTERS #2, INC	(on)
P03000058095 , a corpo:	ration organized under the laws of the state of
FLORIDA	RETARKE OF ANASSEE
Signature of	Mariney 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