

PO3000072243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

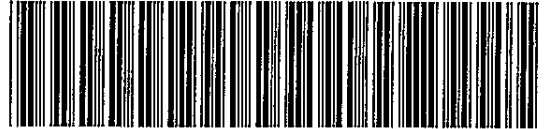
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

BS 4/12/05
o/p los

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Space Coast Uniphyd Health Plan Corporation

(Name of Corporation)

DOCUMENT NUMBER: P03000072243

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

Please return all correspondence concerning this matter to the following:

Robert L Trinka

(Name of Person)

Uniphyd Corp.

(Name of Firm/Company)

700 S Royal Poinciana Boulevard, Suite 401

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L Trinka

(Name of Person)

at (305) 779-1770

(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**

FILED
05 APR -4 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, Robert L Trinka, hereby resign as Director, President, CEO, Ch
(Title)

of Space Coast Uniphyd Health Plan Corporation
(Name of Corporation)

P03000072243, 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