

P03000105210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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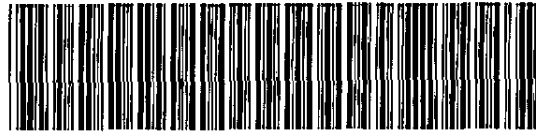
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 24 AM 11:01

FILED

06/24/05--01018--009 \*\*35.00

Officer Resignation

T BROWN JUN 27 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIVE STAR MEDICAL BILLING SERVICES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

DEBRA BRAND  
(Name of Person)

FIVE STAR MEDICAL BILLING SERVICES INC  
(Name of Firm/Company)

2263 DANFORTH ROAD  
(Address)

Spring Hill, FL 34608  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pindy Bandaly at ( 352 ) 596-1145  
(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**

FILED  
05 JUN 24 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DEBRA BRAND, hereby resign as MANAGER  
(Title)

of FIVE STAR MEDICAL BILLING SERVICES, INC.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Debra Brand  
(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