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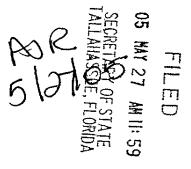


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Little Havana Requestor's Name 539 SW12 (Address Of State 21) City State 21)	Elina Professional TVE 33130 Phone 325-1896	V A L I D A T ! O N O N L Y
CORPORATION(S) NAME	
VICTOR	y Health	CORA, INC.
() Profit		() Merger () Mark (X) Other CSIONOHOV () Change of Registered Agent
() NonProfit	() Amendment	() Merger
() Foreign () Limited Partnership () Reinstatement	() Dissolution () Annual Report () Reservation	() Mark (X) Other Resignation () Change of Registered Agent
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Verifier

Acknowledgment

W.P. Varifier



correct:

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR STATE OF FLORIDA COUNTY OF MIAMI DADE _after being duly sworn, state that to the best of my I. ARLES PERDOMO knowledge, information and belief, and under the penalties of perjury, the following is true and ARLES PERDOMO MEDICAL DIRECTOR . hereby resign as of (Title) VICTORY HEALTH CARE, INC. , a Florida corporation; (Name of Corporation) That the corporation has been notified in writing of the resignation. Signature of resigning officer/director

Sworn to and subscribed before me this _

My Commission Expires: _