

P03 000131576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 03 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH FLORIDA MANAGED CARE ASSOCIATES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 3000 131576

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

Please return all correspondence concerning this matter to the following:

Luis de Larrac  
(Name of Person)

SOUTH FLORIDA MANAGED CARE ASSA. INC.  
(Name of Firm/Company)

299 SW 27 Ave 2nd Floor  
(Address)

Miami, FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis de Larrac at ( 786 ) 210-6027  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

06 JUN 26 AM 11:04

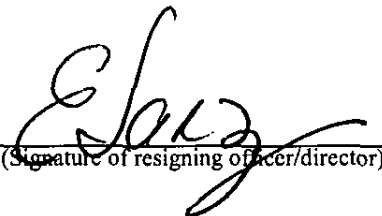
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ELIZABETH SANZ, hereby resign as Director and Secretary  
(Title)

of SOUTH FLORIDA MANAGED CARE ASSOCIATES, INC.  
(Name of Corporation)

PO 3000131576, 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