

PO4006049400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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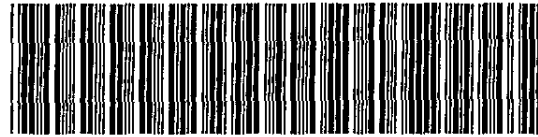
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNRISE MEDICAL SERVICES CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000049400

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

Please return all correspondence concerning this matter to the following:

ALBERTO NORIEGA

(Name of Person)

SUNRISE MEDICAL SERVICES CENTER, INC.

(Name of Firm/Company)

8810 WEST FLAGER ST. # 4

(Address)

MIAMI, FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN CARLOS MORENO

(Name of Person)

at (305) 299-5007

(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

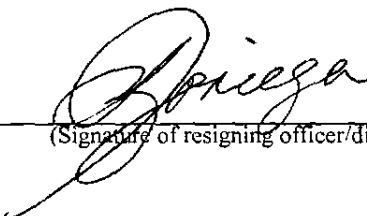
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALBERTO NORIEGA, hereby resign as DIRECTOR
(Title)

of SUNRISE MEDICAL SERVICES CENTER, INC.
(Name of Corporation)

P04000049400, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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04 DEC - 7 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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