

PO4000053659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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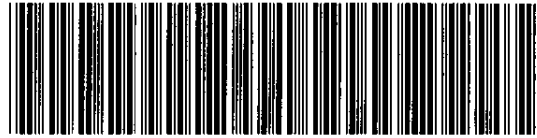
(Business Entity Name)

(Document Number)

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501912  
6/18/09  
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**DONALD R. MASTROPIETRO**  
**325 Whitfield Avenue**  
**Sarasota, FL 34243**  
**(941) 914-0763**

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Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: African American Medical Network, Inc.  
Document Number: P04000053659

The enclosed Resignation of Registered Agent for a Corporation and fee of \$87.50 are submitted for filing. Please return all correspondence concerning this matter to me at the above-listed address.

If you have any questions regarding this request, please call me at the above-listed number.

Sincerely,



Donald R. Mastropietro

Encls: (Resignation and Check)

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502, Florida Statutes, the undersigned,

DONALD R. MASTROPIETRO,

hereby resigns as Registered Agent for

**AFRICAN AMERICAN MEDICAL NETWORK, INC.**  
(Document #P04000053659).

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.



Donald R. Mastropietro  
Resigning Registered Agent

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