PD4000102676

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Marisa 1000

Office Use Only

OD| Kes (10/05



500058334425

08/10/05--01013--009 **35.00

05 AUG 10 AM 9: 55 SECRETARY OF STATE FALL AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: J J MEDICAL GROUP,	INC.
		(Name of Corporation)
DOC	UMENT NUMBER: P04000102	576
The e	nclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please	e return all correspondence concernin	g this matter to the following:
	JUAN L. MORENO	<u> </u>
	(Name of Person)	
	J J MEDICAL GROUP, INC.	
	(Name of Firm/Company)	
	6151 Miramar Parkway # 104 (Address)	
	MIRAMAR, FL. 33023	
	(Cîty/State and Zip Code)	
For fu	orther information concerning this ma	tter, please call:
j	JUAN L. MORENO (Name of Person)	at (754) 423-3740 (Area Code & Daytime Telephone Number)
Enclo:	sed is a check for \$35.00 made payab	le to the Florida Department of State.
Amen Divisi P.O. B	dment Section Amer on of Corporations Divis 30x 6327 409 E	t Address: Indiment Section Identify of Corporations Indiana Street Inassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JUAN L. MORENO	, hereby resign as]	PRESIDENT (Title)
of J J MEDICAL GROUP, INC.	e of Corporation)	,
P04000102676 (Document Number, if known)	, a corporation organized unde	r the laws of the State of
FLORIDA	—· ,	
*	(Signature of resigning officer/director	OS AUG 10 AM 9: 55 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