

P04000112886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

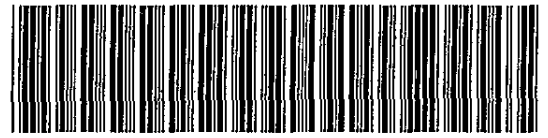
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Le Mar Medical Billing and Consulting, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000112886

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

Please return all correspondence concerning this matter to the following:

Marlenys Mesa
(Name of Person)

Le Mar Medical Billing and Consulting, Inc.
(Name of Firm/Company)

2754 SW 13 St
(Address)

Miami, FL. 33145
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlenys Mesa at (786) 546-2949
(Name of Person) (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

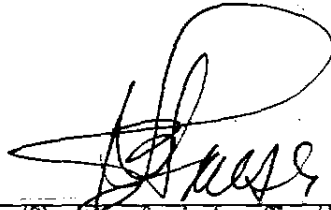
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marlenys Mesa, hereby resign as Vice President
(Title)

of Le Mar Medical Billing and Consulting, Inc.
(Name of Corporation)

P04000112886, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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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