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### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	Alternative M	ledical Te	chnology	Enterprises	Inc.
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(Name of Corporation)

#### **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Laurie C. Sanders

(Name of Person)

Alternative Medical Technology Enterprises Inc.

(Name of Firm/Company)

3480 Southern Orchard road East

(Address)

Davie FI 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie C. Sanders (Name of Person) at (954) 673-4481 (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

CR2E044(08/05)

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2007 AUG 14 AMII: 36 2007 AUG 14 AMII: 36

L,	Laurie C.Sanders	, hereby resign as	P/D	March 2006
				(Title)

of Alternative Medical Technology Enterprises Inc.

(Name of Corporation)

(Document Number, if known)

, a corporation organized under the laws of the State of

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