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(Business Entity Name) (Document Number)	
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TO: Amendment Section Division of Corporations

SUBJECT: Alternative Medical Technology Enterprises Inc.

(Name of Corporation)
DOCUMENT NUMBER: P04 000118017

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

Please return all correspondence concerning this matter to the following:

Steven C. Sanders

(Name of Person)

(Name of Firm/Company)

6434 Happy Valley Road

(Address)

Tallassee, TN 37878

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven C. Sandersat (865856-6710(Name of Person)(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

s,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as S
(Title)
logy Enterprises, Inc.
ame of Corporation)
, a corporation organized under the laws of the State of
neuronaer-on*

0 N (Signature of resigning officer/director)

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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