

P04000130054

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

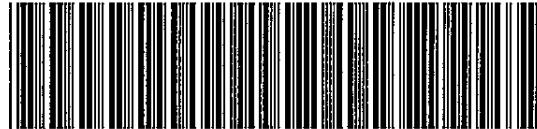
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE ANGELS CLINIC INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000130054

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

Please return all correspondence concerning this matter to the following:

AURELIO A PIEDRA  
(Name of Person)

VARGAS, PIEDRA AND CO.  
(Name of Firm/Company)

780 NW 42 AVENUE SUITE 516  
(Address)

MIAMI, FL 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

AURELIO A PIEDRA at ( 305 ) 443-7122  
(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

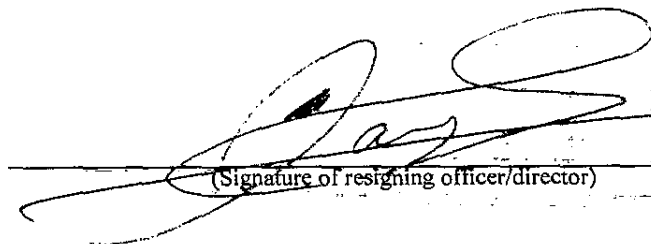
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALBERTO ANAYA, hereby resign as Vice-President  
(Title)

of THE ANGELS CLINIC INC  
(Name of Corporation)

P04000130054, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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