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SECRETARY OF STATE TALLAHASSEE FLORIDA

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## **COVER LETTER**

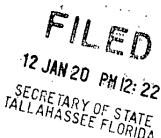
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Pau K. Schrier  (Name of Person)  Pau K. Schrier  (Name of Firm/Company)  11098 Biscayne Boulevard Hars  (Address)  Mini Flord 33161  (City/State and Zip Code)	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Park K. Schrift  (Name of Person)  Park K. Schrift  (Name of Firm/Company)  11078 Biscayne Barlevard Hans  (Address)  Minn, Floridg 3316/  (City/State and Zip Code)  For further information concerning this matter, please call:	SUBJECT: Millign & Medical Network Incorporated
Please return all correspondence concerning this matter to the following:  Park K- Schrift  (Name of Person)  Park K- Schrift  (Name of Firm/Company)  HOTS Biscayne Barlevard Hous  (Address)  Minni Florida 3316/  (City/State and Zip Code)  For further information concerning this matter, please call:  Park K- Schrift  at (385) 893-5500	DOCUMENT NUMBER: POSOCO 79211
Paul K. Schrift  (Name of Person)  Paul K. Schrift  (Name of Firm/Company)  11078 Biscayne Boulevard Hans  (Address)  Minn, Floring 33161  (City/State and Zip Code)  For further information concerning this matter, please call:  Paul K. Schrift at (305) 893-5500	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Paul K. Schrift  (Name of Firm/Company)  11098 Biscayne Barlevard + 4208  (Address)  Minni, Florida 3316/  (City/State and Zip Code)  For further information concerning this matter, please call:  Paul K. Schrift  at (305) 893-5500	Please return all correspondence concerning this matter to the following:  Paul K- Schriff
Minn, Florida 3316/  (City/State and Zip Code)  For further information concerning this matter, please call:  AUK, Schrift at (305) 893-5500	(Name of Person)
For further information concerning this matter, please call:	11098 Biscayne Boulevard H208
Raul K. Schrier at (305) 893-5500	Minn, Florida 3316/ (City/State and Zip Code)
(Name of Person) at (305) 893-5500 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)	Raul K. Schrier at (305) 893-5500
	(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	Park. Schrift, hereby resign as SD
of	Midland Medical Network Incorporated, (Name of Corporation)
	(Document Number, if known), a corporation organized under the laws of the State of
	·
	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