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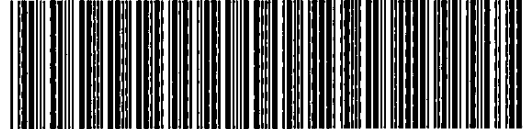
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEAL MEDICAL CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000126044

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

Please return all correspondence concerning this matter to the following:

S. SCOTT CHOOS, ESQ.

(Name of Person)

S. SCOTT CHOOS, ESQ.

(Name of Firm/Company)

44 N.E. 16 STREET

(Address)

HOMESTEAD, FLORIDA 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

S. SCOTT CHOOS

(Name of Person)

at ( 305 ) 242-0764

(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

RESIGNATION OF OFFICER AND DIRECTOR

The undersigned officer and director of LEAL MEDICAL CENTER, INC., a Florida corporation, does hereby tender my resignation effective immediately.

EXECUTED this 15 day of September, 2006.

  
\_\_\_\_\_  
DANIEL OROZCO

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SECRETARY OF STATE  
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