

P.06000017322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

T. Roberts APR 20 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROVISION HEALTH CARE MANAGEMENT GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000017322

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

Please return all correspondence concerning this matter to the following:

SHERYL T. WITTER
(Name of Person)

PROVISION HEALTH CARE MANAGEMENT GROUP, INC.
(Name of Firm/Company)

9520 W. HEATHER LANE
(Address)

MIRAMAR FLORIDA 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

VALENTINO VENTURA at 954 431-1252
(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**

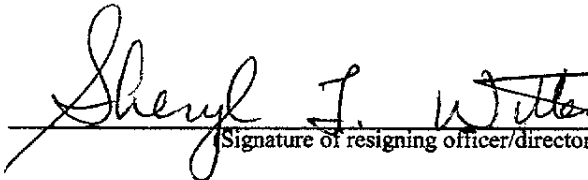
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SHERYL T. WITTER, hereby resign as PRESIDENT
(Title)

of Provision Healthcare Administrative Management Group, Inc
(Name of Corporation)

P06000017322, a corporation organized under the laws of the State of
(Document Number, if known)

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

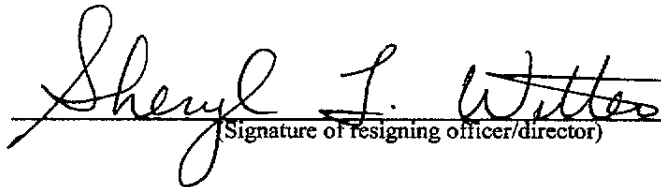
FILED
06 APR 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SHERYL T. WITTER, hereby resign as PRESIDENT
(Title)

of PROVISION HEALTH CARE MANAGEMENT GROUP INC.
(Name of Corporation)

P06000017322, a corporation organized under the laws of the State of
(Document Number, if known)

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