

PO6000059763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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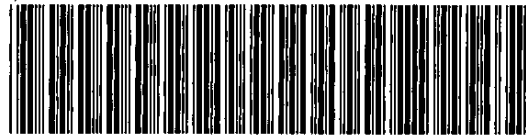
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Professional Claims Handlers Association, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P06000059763

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

Please return all correspondence concerning this matter to the following:

Steve M. McCullough  
(Name of Person)

Attordable Professional Services, Inc.  
(Name of Firm/Company)

2702 A West Oakland Park Blvd  
(Address)

Fort Lauderdale, FL 33311  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve M. McCullough at ( 954 ) 565 9929  
(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

2702 A West  
Oakland Park  
Blvd.

OFFICER / DIRECTOR RESIGNATION  
FOR  
PROFESSIONAL CLAIMS HANDLERS ASSOCIATION, INC.

P06000059763  
Document Number of Corporation

I, Scott Mercer, hereby resign as Director, Vice President and Treasurer of Professional Claims Handlers Association, Inc., a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the resignation.

Signed this 13th day of July, 2006

  
SCOTT MERCER

FILED  
06 JUL 28 PM 10:00  
TALLAHASSEE, FLORIDA  
STATE

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314