

PO6000077981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

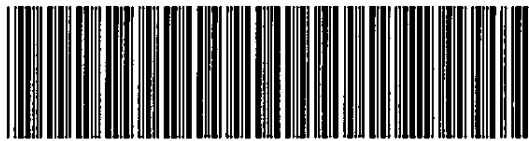
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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Administrative Healthcare Billing & Collections  
(Name of Corporation)

**DOCUMENT NUMBER:** PD6000077981

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

Please return all correspondence concerning this matter to the following:

Manny Zamora  
(Name of Person)

Administrative Healthcare Billing & Collections  
(Name of Firm/Company)

2417 NE 42 Ave  
(Address)

Homestead FL 33033  
(City/State and Zip Code)

For further information concerning this matter, please call:

Manny Zamora at (305) 803-6792  
(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

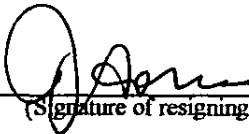
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jennifer Goara, hereby resign as Vice Pres. / Officer  
(Title)

of Administrative Healthcare Billing and Collections Inc.  
(Name of Corporation)

PD6000077981, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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