

PD6000080944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

Southeast Health Group, Inc.

SUBJECT: _____
P06000080944 (Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Marc J. Bloom

(Name of Person)

(Name of Firm/Company)

401 East Las Olas Boulevard, #130-251

(Address)

Fout Lauderdale, Florida 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc J. Bloom _____ at (954) 708-6363
(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**

Marc J. Bloom

Director

I, _____, hereby resign as _____
(Title)

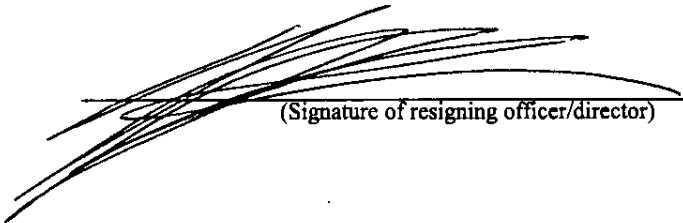
Southeast Health Group, Inc.

of _____,
(Name of Corporation)

P06000080944

_____, 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

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STATE OF FLORIDA