

P07000028463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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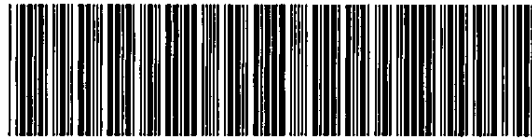
(Business Entity Name)

(Document Number)

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APPROVED
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07 JUN -5 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off Resign.

C. Goulette JUN 08 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialized Chronic Disease Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000028463

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

Please return all correspondence concerning this matter to the following:

Marlene Smith

(Name of Person)

(Name of Firm/Company)

300 Condict Drive

(Address)

New Smyrna Beach, FL 32169

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene H. Smith

(Name of Person)

at (386) 689-4410

(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, Marlene Smith, hereby resign as President/Secretary
(Title)

of Specialized Chronic Disease Management, Inc.
(Name of Corporation)

P07000028463, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

07 JUN -5 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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