

PD7000085291

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

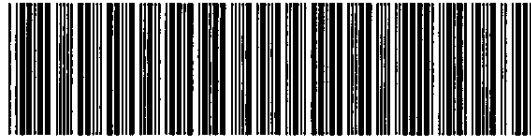
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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I ALBRITTON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRIMECARE MEDICAL MANAGEMENT CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000085291

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

Please return all correspondence concerning this matter to the following:

**LUIS F. ZAYAS**

(Name of Person)

**PRIMECARE MEDICAL MANAGEMENT CORP.**

(Name of Firm/Company)

**4131 SW 6TH ST**

(Address)

**CORAL GABLES, FL 33134**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LUIS F. ZAYAS**

(Name of Person)

at ( **305** ) **962-6733**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

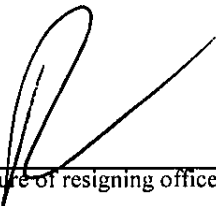
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RENE CASANOVA, hereby resign as PD  
(Title)

of PRIMECARE MEDICAL MANAGEMENT CORP.  
(Name of Corporation)

P07000085291, 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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TALLAHASSEE, FLORIDA

**FILED**