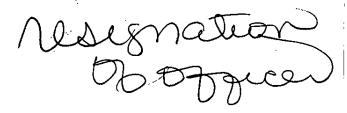
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COVER LETTER

Amendment Section Division of Corporations

TO:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir Please return all correspondence concerning this matter to the following: Jennifer Vartanian (Name of Person) URGENT CARE AND SURGERY CENTER OF FOF (Name of Firm/Company) 2040 NE 49th Street (Address) Fort Lauderdale, FL. 33323 (City/State and Zip Code) For further information concerning this matter, please call: Jennifer Vartanian at (954) 512-8852 (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.		(Name of Corporation)
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	(Name of Person)	(Area Code & Daytime Telephone Number)
35 W A 11	Enclosed is a check for \$35.00 mad	le payable to the Florida Department of State.
	Street Address:	Mailing Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations	Amendment Section Division of Corporations	Division of Corporations
Clifton Building Post Office Box 6327	Clifton Building	Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	2661 Executive Center Circle	Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2011 OCT 13 PM 3-58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carlos Almonte	, hereby resign as President
	(Title)
01	CENTER OF FORT LAUDERDALE, INC.
(Name of C	orporation)
P0900062687 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
(Signa	ature 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