

P/00000024542

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROMEDHOSPITAL, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000024542

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

Please return all correspondence concerning this matter to the following:

ADRIAN G ESPINOSA
(Name of Person)

(Name of Firm/Company)

14981 SW 8 TERRACE
(Address)

MIAMI, FLORIDA 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIAN G ESPINOSA at (786) 444-4833
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

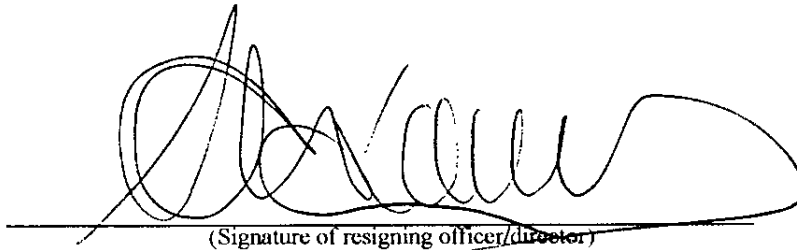
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADRIAN G ESPINOSA, hereby resign as VP, S, T.
(Title)

of PROMEDHOSPITAL, Inc.
(Name of Corporation)

P10000024542, 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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