

P100000 82305

(Requestor's Name)

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(Address)

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TALLAHASSEE, FLORIDA

JUL 23 2013

T. LEMIEUX

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPTIMUM MEDICAL CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000082305

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

Please return all correspondence concerning this matter to the following:

Claude B Romulus, M.D.
(Name of Person)

Claude B Romulus, M.D., MPH
(Name of Firm/Company)

6320-A Miramar Parkway
(Address)

Miramar, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Claude Romulus at (954) 3668532
(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

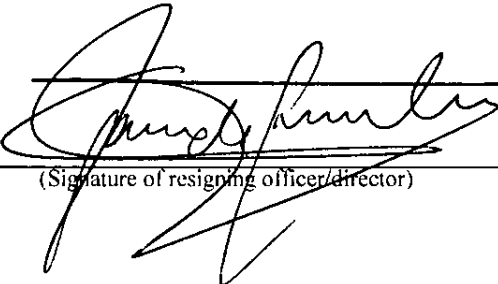
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Claude B Romulus, hereby resign as President
(Title)

of Optimum Medical Care, INC.
(Name of Corporation)

P10000082305, 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

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TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

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