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EXAMINER

COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	JECT: REGIONAL PROFESSIONAL ALLIANCE, INC. (Name of Corporation)	
DOCUN	CUMENT NUMBER: P10000083034	
The encl	enclosed Officer/Director Resignation for a Corporation and fee are sub-	mitted for filing
Please re	e return all correspondence concerning this matter to the following:	**
Christo	istopher Smith	
	(Name of Person)	
	(Name of Firm/Company)	
1060 N	0 Maitland Center Commons, Suite 360	
	(Address)	
Maitlar	tland, FL 32751	
	(City/State and Zip Code)	
For furth	urther information concerning this matter, please call:	
Frederi	eric Stanley, J r. at (407) 682-6200 (Name of Person) (Area Code & Daytime Telep	
	(Name of Person) (Area Code & Daytime Telep	hone Number)
Enclosed	osed is a check for \$35.00 made payable to the Florida Department of St	ate.
Amendn Division Clifton E 2661 Exc	Mailing Address: Amendment Section Amendment Section Division of Corporations on Building Executive Center Circle massee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as PRESIDENT
(Title)
ČE, INC.
tion)
oration organized under the laws of the State of
f 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

TO JAN -9 AM 956