

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/Grate/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230300 =)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

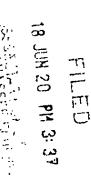
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of D. Rosyn

TRANSMITTAL LETTER

SUBJECT: Revenue Cycle Consulting Inc
(Name of Corporation)
DOCUMENT NUMBER: P18000049101
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Frank Alfonso
(Name of Person)
Revenue Cycle Consulting Inc
(Name of Firm/Company)
9055 SW 73rd Court, 1505
(Address)
Miami, FL 33156
(City/State and Zip Code)
For further information concerning this matter, please call:
Frank Alfonso at (407) 920-6080 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Micheal Alfonso	, hereby resign as Vice President (Title)
of Revenue Cycle Consul	ting Inc
P18000049101 (Name of Corp.	rporation organized under the laws of the State of
Florida	
(Signatur	e of resigning officer/director)
FILIN	G FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327

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

Tallahassee, Florida 32314