

P19047

SunStar
HEALTHCARE, INC.

April 13, 2000

Susan Payne
Senior Section Administrator
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of David A. Jesse

Dear Ms. Payne:

500003222755--0
-04/25/00--01042--006
*****70.00 *****35.00

Enclosed are the following:

With respect to **First Health, Inc.** and as to **David A. Jesse**

- Copy of your letter 000A00017770 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

With respect to **First Health, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$35.00.

With respect to **Brevard Medical Center, Inc.** and as to **David A. Jesse**

- Copy of your letter 900A00017769 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

With respect to **Brevard Medical Center, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$35.00.

With respect to **SunStar Health Plan, Inc.** and as to **David A. Jesse**

- Copy of your letter 400A00017766 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

With respect to **SunStar Health Plan, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

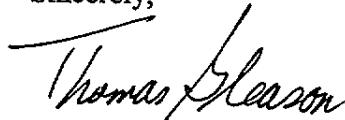
RA Res
S. Payne
4/25/00

- Check payable to Florida Department of State in the amount of \$35.00.

Please process these forms and confirm that your records reflect the resignations of Mr. Jesse and Mr. Stowell as documented by the forms.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Gleason". The signature is written in dark ink and is positioned above the printed name and title.

Thomas Gleason
General Counsel

Encl.

CC: David Jesse
Warren Stowell



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 31, 2000

David A. Jesse
SunStar Healthcare, Inc.
P.O. Box 951539
Lake Mary, FL 32795-1539

SUBJECT: BREVARD MEDICAL CENTER, INC.
Ref. Number: P19047

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an inactive corporation, the enclosed resignation form should be completed and returned with a filing fee of \$35.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 900A00017769

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, David A. Jesse
(Name of registered agent)

hereby resigns as Registered Agent for Brevard Medical Center, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

DAVID A. JESSE

(Typed or Printed Name)

EXEC. V.P. / COO

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314