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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Western Communities Family Practice Associates, Inc. (Name of Corporation)
DOC	CUMENT NUMBER: P93000014124
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
La	cy Loar-Gruenler
	(Name of Person)
Ну	gea Holdings Corp
	(Name of Firm/Company)
80	95 NW 12th St., Suite 105
	(Address)
Mia	ami, FL 33126
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
La	Cy Loar-Gruenler at (727) 798-9812 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O. 1	ing Address: Industry Section Sion of Corporations Box 6327 Hassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_. Manuel Iglesias	, hereby resign as	irector and Secretary
	, <u></u>	(Title)
of Western Communit	ties Family Practice	Associates, Inc.
P93000014124 (Document Number, if known)	ne of Corporation), a corporation organized und	er the laws of the State of
Florida	·	
	(Signature of resigning officer/directo	TALLANSSEE, FL
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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