

P94000074880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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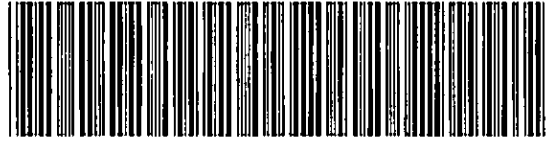
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Amendment Section

Division of Corporations

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Celia Myres, hereby resign as MGMR
(Title)

of FAMILY INTERNAL MEDICINE, P.A.
(Name of Corporation)

P94000074880, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Celia Myres
(Signature of resigning officer/director)

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Amendment Section
Division of Corporations
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