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04/15/05--01046--004   **105.00

FILED
05 APR 15 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ___Sunmed Healthcare Providers, INC___
(Name of Corporation)

DOCUMENT NUMBER: ___P95 0000 85068___

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

___Alexander Tirado___
(Name of Person)

_____
(Name of Firm/Company)

___1987 NW 88th Court Ste 201___
(Address)

___Miami FL 33172___
(City/State and Zip Code)

For further information concerning this matter, please call:

___Alex Tirado___ at (_305_) _962-1789_
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Alexander Tirado__, hereby resign as __officer and Director__
<div align="right">(Title)</div>

of __Sunmed Healthcare Providers, INC,__
(Name of Corporation)

__P95 000 85068__, a corporation organized under the laws of the State of
(Document Number, if known)

__Florida__

(Signature of 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