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PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC.
13911 LAKESHORE BLVD.
HUDSON, FL. 34667
PHONE: 727-863-5449
FAX: 727-861-7539

AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

August 11, 2003

Dear Sir/Ms.

Enclosed herewith is the transmittal letter and the resignation letter from the former President / Director of Professional Center for Internal Medicine. I have enclosed a check for $ 35.00.

Thank you,

Yours Sincerely,

MOHAN KUTTY

President / Director
Professional Center for Internal Medicine

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL CENTER FOR INTERNAL MEDICINE
(Name of Corporation)

DOCUMENT NUMBER: P96000020000

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

Please return all correspondence concerning this matter to the following:

MOHAN KUTTY
(Name of Person)

PROFESSIONAL CENTER FOR INTERNAL MEDICINE
(Name of Firm/Company)

13911 LAKESHORE BLVD SUITE G
(Address)

HUDSON FLORIDA 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAN KUTTY at (727) 863-5449
(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

RESIGNATION AND RENOUNCEMENT OF

ANY OWNERSHIP INTEREST

I, SHEELA KUTTY hereby resign as any officer and director of the ***PROFESSIONAL CENTER FOR INTERNAL MEDICINE (Spring Hill),*** a Florida Corporation, which is effective immediately on May 31, 2001. I further renounce any ownership interest I may have had in said corporation.

SHEELA KUTTY
Officer and Director

APPROVED AND ACCEPTED BY:

MOHAN KUTTY
Authorized Signatory
Shareholder and Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA