

TELEPHONE: (305) 461-9499 TELECOPIER: (305) 461-9498

December 31, 1998

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Biscayne Care, Inc.

Gentlemen:

Enclosed is original executed Officer/Director Resignation along with our firm's check in the sum of \$35.00 to cover the filing fee.

Very truly yours,

ALCVALLEC V

AV/gv Enc. 99 JAN -4 AN 9: 1
SECNLIAIN OF STATE
TALLAHASSEE, FLORIDA

MR 199



Ι.	Celida Perez	, hereby resign as Director	
_ , <u></u>		(Title)	
of	Biscayne Care, Inc.	·	<b>,</b>
	(Name of Corp	poration)	
а согр	oration organized under the laws of the State of	f Florida	- -
and af	firm that the corporation has been notified in w	riting of the resignation.	
	Polidy	Pares.	• =
	(Signature of	resigning officer/director)	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314