

P97000 101413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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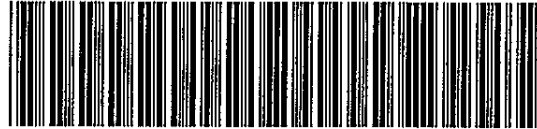
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Smith SEP 20 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Martinez Health, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000101413

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

Please return all correspondence concerning this matter to the following:

Russell Ficara

(Name of Person)

Martinez Health, Inc.

(Name of Firm/Company)

930 N. Krome Ave

(Address)

Homestead, Fl. 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Ficara

(Name of Person)

at (305) 248-2553

(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, Ralph Martinez, hereby resign as Secretary
(Title)

of Martinez Health, Inc.
(Name of Corporation)

P97000101413, 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

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