Internal Medicine ■ Geriatrics ■ General Surgery ■ Family Practice ■ Nursing Home Issues

Division o PO Box 6 27

Tallahassee, Florida 32314

Dear Ms./Sir:

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Please find attached a form affirming my resignation from any position that I may be listed as regarding the corporation, MedReview Analysis Inc.

I have not performed any duties or business with MedReview Analysis since 8-1-00 and do not assume any further liability or responsibility after 8-1-00.

Ms. Colleen Sharkey is the registered agent for MedReview Analysis but I have not been successful in getting her to remove me from any office position in MedReview. Thus I am contacting you directly to permanently remove me from any position with that company that you may have me listed.

I have not authorized my appointment to any position with MedReview Analysis and I do not wish to be associated with that corporation.

Sincerely:

John P. Donnelly PA-C

900003489379---12/06/00--01059--012 *****35.00 *****35.00

DEC 1 1 2000 T BROWN

Which Resignation

Donnelly & Associates

EMAIL: John2994@aol.com

P.O. Box 953008, Lake Mary FL 32795-3008 PHONE: 407/302.0610 FAX: 407/302.1402



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OODEC-6 AM 10: 22 TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

Any Position Listed.
I, John P. Donnelly, hereby resign as
(Title)
of ModReview Analysis Inc. (Name of Corporation)
a corporation organized under the laws of the State of Floridg
and affirm that the corporation has been notified in writing of the resignation.
Signature of resigning officer/director)
Thereby resign and refuse to accept any Liability or
as of 8-1-00. Doll Ind

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

Learne Benjamin
My Commission CC974938
Expires October 15, 2004