

P980001048/4

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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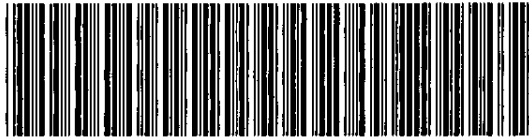
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROMEDICAL PLAN PHC, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P98000104814

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

Please return all correspondence concerning this matter to the following:

**ADRIAN G ESPINOSA**

(Name of Person)

(Name of Firm/Company)

**14981 SW 8 TERRACE**

(Address)

**MIAMI, FLORIDA 33194**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ADRIAN G ESPINOSA** at **(786) 444-4833**

(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

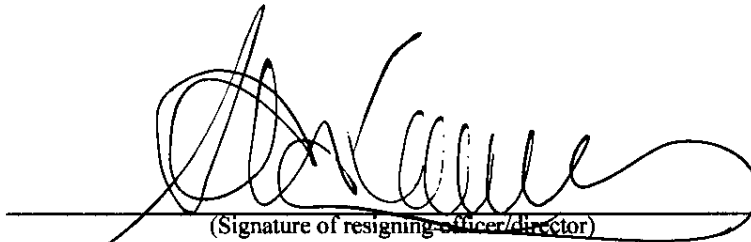
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ADRIAN G ESPINOSA, hereby resign as VP and Director  
(Title)

of PROMEDICAL PLAN PHC, Inc.  
(Name of Corporation)

P98000104814, 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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