

P99000022304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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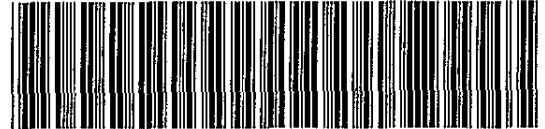
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Homestead Medical Consultants, Inc.

DOCUMENT NUMBER: P99000022304

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

Please return all correspondence concerning this matter to the following:

Reid M Christensen  
Lorn Leitman, CPA, PA  
7700 N Kendall Dr., #405  
Miami, FL 33156

For further information concerning this matter, please call:

Reid M Christensen at (305) 279-8943

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address**

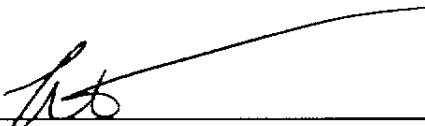
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER/DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lorn Leitman, hereby resign as Director, of Homestead Medical Consultants, Inc.,  
P99000022304, a corporation organized under the laws of the State of Florida.

  
\_\_\_\_\_  
Lorn Leitman

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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