

P99000022304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

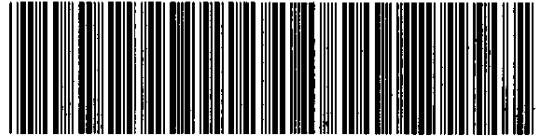
(Business Entity Name)

(Document Number)

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*Resignation of
Officer*

07/20/09--01004--023 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*AOR
7/22/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Homestead Medical Consultants, Inc
(Name of Corporation)

DOCUMENT NUMBER: P99 0000 22304

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Francisco Medina
(Name of Person)

(Name of Firm/Company)

2080 SW 59 Ave
(Address)

Plantation, FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Martinez, CPA at (305) 274-2626
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

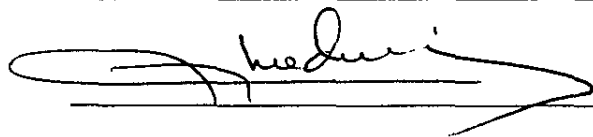
DIRECTOR (S)' RESIGNATION

HOMESTEAD MEDICAL CONSULTANTS, INC.

The Chairman then recognized the director named below who tendered his/her resignation, effective upon the adjournment of this meeting. Upon motion duly made, seconded and carried said resignation was accepted and the Secretary was ordered to spread upon the minutes of the meeting.

I (We) the undersigned director(s) of Homestead Medical Consultants, Inc., do hereby tender my (our) resignation(s), to take effect upon the adjournment of the meeting of the Board of Directors at which this resignation is accepted.

DATED 7/1, 20 09.



Francisco Medina
President