## P99000024668

(Re	equestor's Name)	
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## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Homestead Physicians, Inc.

DOCUMENT NUMBER: P99000024668

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 Vice-President and Director, of Homestead Physicians, Inc., P99000024668, a corporation organized under the laws of the State of Florida.

Lorn Leitman

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## 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