P99000027407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

09/02/05--01004--002 **35.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Care Clinic
(Name of Corporation)

DOCUMENT NUMBER: P99000027407

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

Please return all correspondence concerning this matter to the following:

Dr. John E. Anthousis
(Name of Person)

(Name of Firm/Company)

18552 Kingbird Dr
(Address)

Lutz FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr John Anthousis at (813) 964-0801
(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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
05 SEP -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John E. Anthousis hereby resign as Vice-President
(Title)

of Complete Care Clinic, Inc.
(Name of Corporation)

P99000027407 a corporation organized under the laws of the State of
(Document Number, if known)

_____

MD
(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