

P990000043504

**FOWLER
WHITE**

ATTORNEYS AT LAW
ESTABLISHED 1943

FILED
JAN -3 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 29, 1999

Department of State
Bureau of Corporate Records
The Capitol
Post Office Box 6327
Tallahassee, Florida 32304

700003086487--3
-01/03/00--01129--004
*****35.00 *****35.00

RE: Quantum Healthcare Recovery Services, Inc.

Dear Sir/Madam:

Enclosed please find my firm check in the amount of \$35.00, and the following original documents:

- a) Amendment To Articles Of Incorporation;*
- b) Resignation of Director Affidavit;
- c) Resignation;*
- d) Waiver of Notice of Special Meeting of Directors;*
- e) Minutes of Special Meeting of Directors; and,*
- f) Amendment.*

** All These Were
returned.*

Please return to my office, at your earliest convenience, documentation reflecting the amendment. Should you be in need of additional information, please do not hesitate to contact me.

Thank you for your cooperation in this matter.

Sincerely yours,

FOWLER, WHITE, GILLEN, BOGGS,
VILLAREAL and BANKER, P.A.

O/D Resig.

V. SHEPARD JAN 12 2000

CARL JOSEPH COLEMAN

CJC/r

Enclosures as stated

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P.A.

TAMPA • CLEARWATER • FORT MYERS • ST. PETERSBURG • TALLAHASSEE

2201 SECOND STREET • FORT MYERS, FL 33901 • P.O. BOX 1567 • FORT MYERS, FL 33902
TELEPHONE (941) 334-7892 • FAX (941) 334-3240 • www.fowlerwhite.com

RESIGNATION OF DIRECTOR
AFFIDAVIT

FILED
00 JAN -3 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared TINA MARIE SCHAFFER, who by me first duly sworn, says to the best of her knowledge, information, and belief, and under penalties of perjury:

1. That she has resigned, effective December 17, 1999, as a director for QUANTUM HEALTHCARE RECOVERY SERVICES, INC., a Florida corporation;
2. That the corporation has been notified in writing of the resignation; and,
3. That corporate minutes relating to the resignation are available.

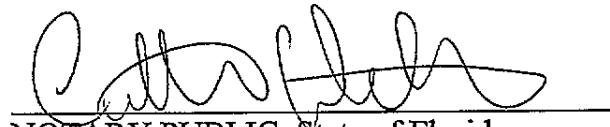
FURTHER AFFIANT SAYETH NAUGHT.


TINA MARIE SCHAFFER

I HEREBY CERTIFY the foregoing instrument was acknowledged before me this 27th day of December, 1999, by TINA MARIE SCHAFFER, who is personally known to me, and who did not take an oath.

STATE OF FLORIDA, COUNTY
OF VOLUSIA

TINA MARIE SCHAFFER
FL DRIVERS LICENSE
S160-813-70-629-0


NOTARY PUBLIC, State of Florida
at Large

CAMILLE WILSON
Printed Name of Notary Public

My Commission Expires:

