

P99000045847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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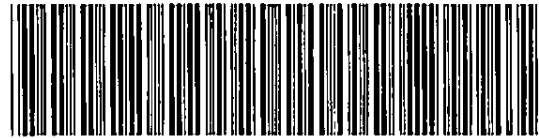
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VISION HEALTH CARE GROUP, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P99000045847

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

Please return all correspondence concerning this matter to the following:

BRUCE H. VANDERLAAN  
(Name of Person)

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, PA  
(Name of Firm/Company)

2029 BAYSIDE PARKWAY  
(Address)

FORT MYERS, FL 33901  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE VANDERLAAN at 239 220-3326  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

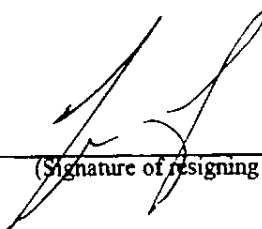
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, E. JULIO CONRADO, hereby resign as VTSD  
(Title)

of VISION HEALTH CARE GROUP, INC.  
(Name of Corporation)

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

P99000045847

  
(Signature of resigning officer/director)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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