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-09/27/01--01043--018  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

999000059346

Requester's Name  
Address  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
01 SEP 27 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

T BROWN OCT - 3 2001

**OFFICER RESIGNATION**

FILED  
01 SEP 27 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ELYSA McALEES, hereby resign as President and Vice-President  
(Title)

of MEDICAL WELLNESS GROUP, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

Print Name: ELYSA McALEES

**FILING FEE IS \$35.00**

**Make check payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**