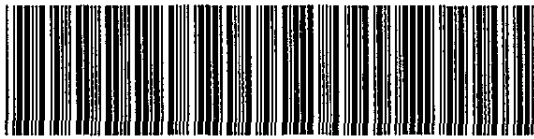


99000079510



900057524329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

07/19/05--01038--004 \*\*35.00

FILED  
05 JUL 19 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

o/p/ops  
CRG 7/21

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MedChoice Medical Centers, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P99000079510

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

Please return all correspondence concerning this matter to the following:

Alexander Tiado  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10290 S.W. 58 STREET  
(Address)

MIAMI FL 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Tiado at ( 305 ) 962-1789  
(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

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, Michael J MARTIN, hereby resign as Director and Officer  
(Title)

of MedChoice Medical Centers, Inc.  
(Name of Corporation)

P99000079510, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

FILED  
05 JUL 19 PM 12:14  
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