

P99000109031

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Managed Care Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P990000109031

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

Please return all correspondence concerning this matter to the following:

Kara Atchison

(Name of Person)

Managed Care Solutions, Inc.

(Name of Firm/Company)

150 S. Pine Island Road, Suite 210

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Kara Atchison

(Name of Person)

at (954) 322-6244

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Keith Atchison, hereby resign as President / Director
(Title)

of Managed Care Solutions, Inc.
(Name of Corporation)

P99 000109031, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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