S56998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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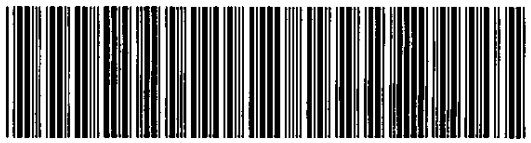

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIEGFRIED K. HOLZ, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: S56998

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

Please return all correspondence concerning this matter to the following:

PHILIP K. CLARKE
(Name of Person)

KASS, SHULER ET AL
(Name of Firm/Company)

P.O. BOX 800
(Address)

TAMPA, FL 33601
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP K. CLARKE at (813) 229-0900 X1305
(Name of Person) (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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EVA DRIER, hereby resign as Chief Restructuring Officer
(Title)

of SIEGFRIED K. HOLZ, M.D., P.A.
(Name of Corporation)

S56998, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Eva Drier
(Signature of resigning officer/director)

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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