

P0000079242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

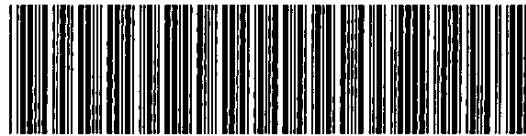
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000079242

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

Please return all correspondence concerning this matter to the following:

BARRY M. DEETS, ESQ.

(Name of Person)

BARRY M. DEETS, P.A.

(Name of Firm/Company)

P.O. BOX 7910

(Address)

PORT ST. LUCIE, FL 34985

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY M. DEETS

(Name of Person)

at (772) 335-8100

(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**


FILED
07 JUL -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, RONALD ANNECHIARICO, SR., hereby resign as DIR / PRES / SEC
(Title)

of EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC.
(Name of Corporation)

P00000079242, 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