## P0100008318

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Naı	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500277538265

10/05/15--01032--002 \*\*35.00

15 OCT -5 PH 12: 26

OD Pas.

OCT 07 2015

R. WHITE

## TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT: H-S Medical Inc		
(N	lame of Corpor	ration)
DOCUMENT NUMBER: P0100006821	8	
The enclosed Officer/Director Resignation for	a Corporation	n and fee are submitted for filing
Please return all correspondence concerning th	is matter to the	he following:
Francisco Velez		
(Name of Person)		-
(Name of Firm/Company)		-
4521 N Dixie Hwy		_
(Address)		-
Boca Raton, FL 33431		
(City/State and Zip Code)		-
For further information concerning this matter	, please call:	
Gayle Brand	<sub>at (</sub> 561	443-3321 le & Daytime Telephone Number)
(Name of Person)	(Area Coc	le & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable t	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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Francisco Velez	, hereby resign as Director
<sup>1</sup> 9	(Title)
<sub>of</sub> H-S Medical Inc	
	of Corporation)
P01000068218 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	·
	ignature 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

15 OCT -5 PHI2: 26