P03000047404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: SILVER AGE MEDICAL SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000047404

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

Please return all correspondence concerning this matter to the following:

LUIS A. GAYOSO
(Name of Person)

SILVER AGE MEDICAL SERVICES
(Name of Firm/Company)

7821 SW 24 ST SUITE 121
(Address)

MIAMI FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS A. GAYOSO at (305) 4676557
(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

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DIVISION OF CORPORATIONS
06 MAY 17 PM 3:17

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MICHEL GONZALEZ, hereby resign as PRESIDENT (Title)

of SILVER AGE MEDICAL SERVICES, INC. (Name of Corporation),

P03000047404 (Document Number, if known), a corporation organized under the laws of the State of 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