

PO5000047344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

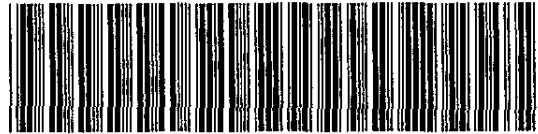
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000067678180

00 14/08 - 00000 - 0002 **113.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAR 14 PM 4: 02

FILED

A handwritten signature in black ink, appearing to read "G. Coultette".

G. Coultette MAR 21 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHECR-MED, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000047344

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

Please return all correspondence concerning this matter to the following:

MARIA C. SAMPER
(Name of Person)

SHECR-MED, INC.
(Name of Firm/Company)

1629 S. 21st AVE.
(Address)

HOLLYWOOD, FL. 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

ERNESTO MEDEROS at (954) 926-3380
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA C. SAMPER, hereby resign as OFFICE MANAGER
(Title)

of SHECR-MED, INC.
(Name of Corporation)

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

FLORIDA

Maria C. Samper
(Signature of resigning officer/director)

FILED
2006 MAR 14 PM 4:02
SECRETARY OF STATE
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