

P97000011231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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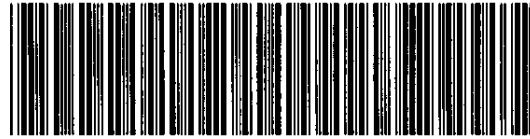
(Business Entity Name)

(Document Number)

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Resignation
of officer

08/04/14--01041--001 **35.00

FILED
2014 AUG -1 PM 2:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Rec'd 8/1
8/12/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Baromedical Corporations
(Name of Corporation)

DOCUMENT NUMBER: P97000011231

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

Please return all correspondence concerning this matter to the following:

Heather R. Greco

(Name of Person)

American Baromedical Corporation

(Name of Firm/Company)

631 US Highway 1, Suite 307

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Greco

(Name of Person)

at (**561**) **818-5332**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable 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

RECEIVED
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CR2E044 (13)
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2014 AUG -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John S. Peters, hereby resign as President
(Title)

of American Baromedical Corporation
(Name of Corporation)

P97000011231, 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