P97000055561

•		•	
(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
,	,		
		,	
(CI	ty/State/Zip/Phone	· #)	
PICK-UP	MAIT	MAIL	
(Bi	usiness Entity Nam	ne)	
`	•	,	
(D.	ocument Number)		
(LX	ocument Number)	• • •	
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
<u> </u>		<u></u>	

Office Use Only



200162643412

11/23/09 -01021--017 **35.00

ZDB9 NOV 23 AK 9: 11

off. Resign.

TB

NOV 3 0 2009

COVER LETTER

TO:.	Amendment Section
	Division of Corporations

SUBJECT: ACL Medical Egyipment Group Corp.

(Name of Corporation)

DOCUMENT NUMBER: P970000 55561.

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

Please return all correspondence concerning this matter to the following:

Nestor L. Bosch
(Name of Person)

Ace Medical Equipment Group Corp.
(Name of Firm/Company)

1572 West 375t.
(Address)

Higleah H 33012.

For further information concerning this matter, please call:

Name of Person) at (305) 505-8860 (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, <u>Nastor L. Bosch</u>	·, hereby resign as_	Vice-P	resider)
of Ace Medical Ed	quibment Gregor Corporation)	ou b Con	<u>-6.</u>	,
19700055561. (Document Number, if known)	, a corporation organized un	der the laws of	the State of	
1 lorda.			2009 NOY 23 SECRETAR'STALLAHASS	ersteration of
		••	JY 23 AM E JARY OF HASSEE.F	
	(fignature of resigning officer/direct	tor)	FLORIC	C

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