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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MEDICINE ON WHEELS CORP.		
(Name of Corporation)		
DOCUMENT NUMBER: P12000017239		
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 N. AYRES		
(Name of Person)		
MEDICINE ON WHEELS CORP		
(Name of Firm/Company)		
11534 WOODMOUNT LANE		
(Address)		
ESTERO, FL. 33928		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MARIA N. AYRES at (239) 298 2919 (Name of Person) (Area Code & Daytime Telephone Number)		
(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

EDUARDO E. WIENER	, hereby resign asVICE PRESIDENT
"	(Title)
of MEDICINE ON WHEELS CORP	
(Name of Corpo	oration)
P12000017239 , a co	rporation organized under the laws of the State of
FLORIDA	
A	

FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314