

764635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR -3 PM 1:50

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Association of Medical Equipment Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** 764635

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

Please return all correspondence concerning this matter to the following:

Greg Sims

(Name of Person)

(Name of Firm/Company)

501 NE 23rd Ave

(Address)

Gainesville, FL 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Sims

(Name of Person)

at ( 352 ) 373-9673

(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**

**FILED**  
11 MAR -3 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Gregory S. Sims, hereby resign as President  
(Title)

of Florida Association of Medical Equipment Services, Inc.  
(Name of Corporation)

764635, 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