

843764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

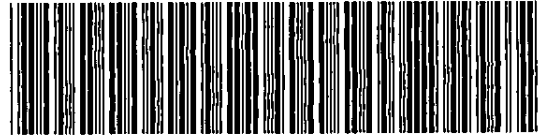
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/24/13--01051--005 \*\*87.50

FILED  
13 JUN 24 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RRR*

*6/27/13*



*June 13, 2013*

**RE: MEDICAL ELECTRONICS DISTRIBUTORS, INC. (MO. DOM.)**

*Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301*

*Dear Sir or Madam:*

*We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.*

*Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.*

*Very truly yours,*

**NRAI SERVICES, INC.**

*Theresa Alfieri*

*Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary  
(212)894-8516*

*TA/hm  
Enclosure*

**National Registered Agents, Inc.**

**111 Eighth Avenue 13th Floor New York, NY 10011**

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, NRAI SERVICES, INC.  
(Name of Registered Agent)

hereby resigns as Registered Agent for MEDICAL ELECTRONICS DISTRIBUTORS, INC.  
(MO. DOM) (Name of Corporation)

843764

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

NRAI SERVICES, INC. - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**