F02000002038

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dashiess Entry Hame)				
(Document Number)				
Certified Copies Certificates of Status _:: *				
<u></u>				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Diomeoics, inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: FO2 000002038
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARYANITE EVERET (Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
8744 S.R. 21 (Address)
MECROSE, FL. 32666 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARYARINE GIERETT at (352) 215-7345 (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, KANDAU EVEREZ	, hereby resign a	as Ars.
		(Title)
of Diomedics, IN	'C .	,
/	(Name of Corporation)	
FO2600002038 (Document Number, if know	, a corporation organized	under the laws of the State of
FLORIDA		•
	Halel Que	
	(Signature of resigning officer/dia	rector)

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