

F97000004320

Requester's Name
601 South Fremont Ave
Address
Tampa, Fla 33606
City/State/Zip Phone #

100006235291--8
-07/08/02-01007--002
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
(Corporation Name) (Document #)
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CLERK OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

old kes
PS 7/1/02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, TIM KLACE, hereby resign as TREASURER + DIRECTOR
(Title)

of NUMED HOME HEALTH CARE, INC.
(Name of Corporation)

a corporation organized under the laws of the State of NEVADA

and affirm that the corporation has been notified in writing of the resignation.

Tim Klace

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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