

G02830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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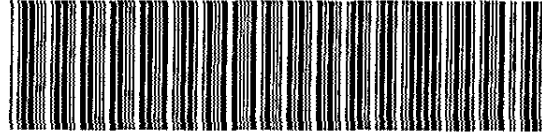
(Business Entity Name)

(Document Number)

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TAMPA, FLORIDA

*G02830
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Dover, DE ~ Los Angeles, CA ~ Sacramento, CA ~ Albany, NY ~ New York, NY

February 11, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RESIGNATION OF AGENT

Dear Sir/Madam:

Enclosed please find 1 Resignation of Registered Agent form along with a check in the amount of \$87.50 for the cost of this filing. If you have any problems or questions regarding this, please contact my office.

Sincerely,

Tracy Hatfield
Registered Agent Specialist
National Corporate Research, Ltd.

/tah
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL SUPPLIES OF AMERICA, INC.
(Name of Corporation)

DOCUMENT NUMBER: G02830

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tracy Hatfield
(Name of Person)

National Corporate Research, Ltd.
(Name of Firm/Company)

615 S. DuPont Highway
(Address)

Dover, DE 19901
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Hatfield at (800) 483-1140 x1023
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**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, NATIONAL CORPORATE RESEARCH, LTD., INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for MEDICAL SUPPLIES OF AMERICA, INC.
(Name of Corporation)

G02830

(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.

Wayne Rafanelli
(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli
(Typed or Printed Name)

Vice President, National Corporate Research, Ltd., Inc.
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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