H53139

(F	Requestor's Name)	
	(ddress)	<u> </u>
	10010337	
(Address)		
<u> </u>		
(C 	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(E	Business Entity Name)	
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(L 	Ocument Number)	
Certified Copies	Certificates of S	Status
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Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations JECT: Med-Start Corporation (Name of Corporation) UMENT NUMBER: H53139 Inclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
SUB.	иест: Med-Start Corporation
	(Name of Corporation)
DOC	UMENT NUMBER: H53139
The e	inclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Eil	een Macarella
	(Name of Person)
Μe	ed-Start Corporation
	(Name of Firm/Company)
33	03 W Commercial Blvd
	(Address)
Fo	rt Lauderdale Fl 33309
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Eil	een Macarella (Name of Person) at (954) 486 6200 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi P.O.	ing Address: Indiment Section Sion of Corporations Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	R A CORPORATION
Jennifer O'Leary	hereby resign as Secretary (Title)
Med-Start Corpora	
H53139 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<u></u> .
I	

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