

H71795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

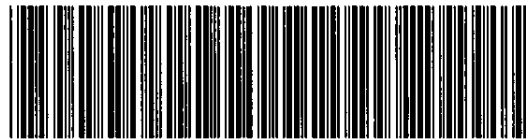
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800240797018

10/17/12--01014--020 **35.00

Handwritten signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 17 AM 11:36

OCT 18 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Am-Med Inc
(Name of Corporation)

DOCUMENT NUMBER: H 71795

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Brown
(Name of Person)

Am-Med Inc
(Name of Firm/Company)

6101 CENTRAL AVE
(Address)

ST. PETERSBURG, FL 33710
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Brown at (727) 224-5830
(Name of Person) (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

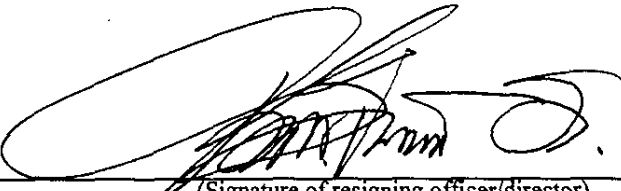
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Thomas W Brown SR, hereby resign as President
(Title)

of Am-Med Inc.
(Name of Corporation)

H71795, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 OCT 17 AM 11:36

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