Requestor's Name Mrs. Graciela Anzola 12217 SW 16th Ter. *B 103* Miami, FL 33175-1589 Office Use Only CORPURATION MANAGED & DOCUMENT ... JMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/ Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign . Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF DADE I, CRACIELA GIMENEZ DE ANZOLA afte knowledge, information and belief, and correct:	er being duly sworn, sunder the penalties o	state that to the best of five and
I, GABRIELA GIMENEZ DE ANZOLA	<u>h</u> ereby resign as	VICE-PRESIDENT of (Title)
MIAMI MEDICAL EQUIPMENT SERVI (Name of Corporation		, a Florida corporation;
That the corporation has been notified in writing of the resignation.		
<u> </u>	Gaeeda Ala Signature of resig	ning officer/director
Sworn to and subscribed before me this	26th day of	November, 1996
by GRACIELA GIMENEZ DE ANZOLA	, who is persona	OTARY PUBLIC
My Commission Expires: November	27, 1996.	TOFFICIAL NOTARY SEAL EMILIO COSIO Notary Public, State of Florida Commission No CC237613 My Commission Expres 11/27/96 Hossled Through Fix Notary Service & Bonding Co

FILING FEE IS \$35.00