

K50234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

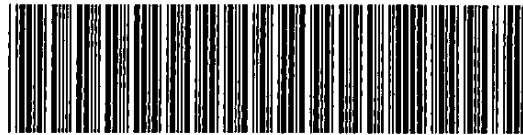
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/O Resign.

01/10/07

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Respiratory Medical, Inc
(Name of Corporation)

DOCUMENT NUMBER: K50234

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

Please return all correspondence concerning this matter to the following:

MUKESH AMIN⁶
(Name of Person)

Respiratory Medical, Inc.
(Name of Firm/Company)

1209 SAXON BLVD, Ste 6
(Address)

ORANGE CITY, FL 32763-8403
(City/State and Zip Code)

For further information concerning this matter, please call:

MUKESH AMIN⁶ at (904) 774-1933
(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, BARRY BUCHAN, hereby resign as Secretary/Director
(Title)

of Respiratory Medical, INC.
(Name of Corporation)

K 50234, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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

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