

L17256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coral Medical Equipment & Supply, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** L17256

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

Please return all correspondence concerning this matter to the following:

Cleveland D West

(Name of Person)

Sweetwater Medical East, Inc

(Name of Firm/Company)

PO BOX 9720

(Address)

Tavernier FL 33070

(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Cerra at ( 305 ) 852-7375 x309  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

DIVISION OF CORPORATIONS  
15 NOV 20 AM 8:11

I, Cathy Battreall, hereby resign as VP and Director  
(Title)

of Coral Medical Equipment & Supply, Inc  
(Name of Corporation)

L17256, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(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