

L17256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

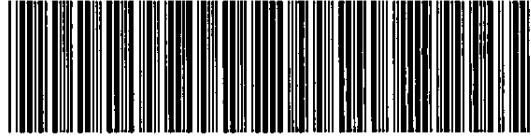
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279073805

11/20/15--01004--003 **35.00

15 NOV 20 AM 8:11

NOV 23 2015

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