L17256

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500279073805

11/20/15--01004--009 **35.00

15 NOV 20 AM 8: 1

NOV 23 2015

C LEWIS

TRANSMITTAL LETTER

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 Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

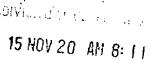
Tallahassee, FL 32314

Amendment Section

Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION OF THE PROPERTY FOR A CORPORATION



. Cathy Battreall	hereby resign as VP and Director (Title)
	uipment & Supply, Inc
L17256 (Document Number, if known)	a corporation organized under the laws of the State of
FL	·

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