

L35103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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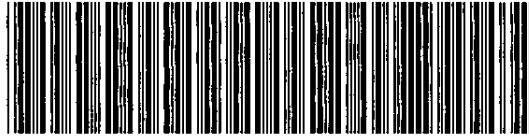
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAMMA MEDICAL EQUIPMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: L35103

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

Please return all correspondence concerning this matter to the following:

GAMAL SHANBAKY *Gamal Shanbak*
(Name of Person)

GAMMA MEDICAL EQUIPMENT, INC.
(Name of Firm/Company)

4884 SW 74TH COURT
(Address)

MIAMI, FLORIDA 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

GAMAL SHANBAKY at 305 439-0107
(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
409 E. Gaines Street
Tallahassee, FL 32399

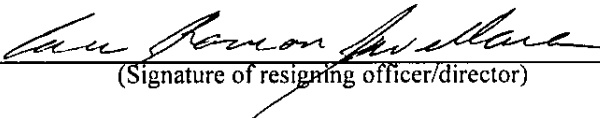
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CESAR JAVELLANA, hereby resign as VP
(Title)

of GAMMA MEDICAL EQUIPMENT, INC.
(Name of Corporation)

L35103, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 11 AM 9:00

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