147950

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Pfione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800185412118

09/23/10--01009--009 **35.00

Sp/Rw Resys

THE PARTY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Caremed Respirate	ory Services, in	1C	
	(Name	of Corpora	ation)
DOCUMENT NUMBER: L47	7950		
The enclosed Officer/Director Res	ignation for a C	orporation	and fee are submitted for filing
Please return all correspondence c	oncerning this m	atter to th	e following:
Michael G. Kinter			
(Name of Pe	rson)		
(Name of Firm/C	company)		
1841 Oceanview Drive			
(Address)		
Tierra Verde, Florida 33715			
(City/State and 2	(ip Code)		
For further information concerning	g this matter, ple	ase call:	
Michael G. Kinter	at (727	686-2967 & Daytime Telephone Number)
(Name of Person)		Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the	e Florida I	Department of State.
Street Address: Amendment Section	Mailing Add Amendment	Section	
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of C Post Office B	orporation lox 6327	าร
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,		

Michael G. Kinter	herehv resion as	Secretary/Director	
"	, norcey resign as_	(Title)	
of Caremed Respiratory Service	es, Inc.		
(Nam	ne of Corporation)		
L47950 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	•		
,	,		
	20 / King		
	(Signature of resigning officer/direct	tor)	

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