

L47950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

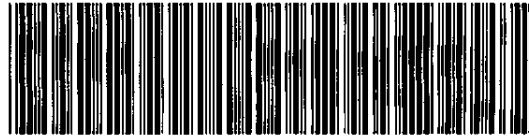
(Business Entity Name)

(Document Number)

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2010 SEP 24 A 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. St. Resign  
Thurs  
9-27-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Caremed Respiratory Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** L47950

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

Please return all correspondence concerning this matter to the following:

James J. Horne

(Name of Person)

CAREMED RESPIRATORY SERVICES INC

(Name of Firm/Company)

16503 Avilla Blvd

(Address)

Tampa, Florida 33613

(City/State and Zip Code)

For further information concerning this matter, please call:

James J. Horne

(Name of Person)

at ( 813 ) 727-7970

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

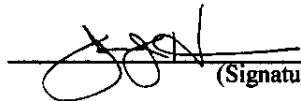
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, James J. Horne, hereby resign as President/Treasurer/Director  
(Title)

of Caremed Respiratory Services, Inc.  
(Name of Corporation)

L47950, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
2010 SEP 24 A 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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