

# M03716

Requestor's Name

3200 Hunter Road  
Ft. Lauderdale, FL 33331

600002847526--1  
-04/22/99--01072--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                              |
|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/>            | Amendment                                    |
| <input checked="" type="checkbox"/> | Resignation of R.A. <u>Officer/ Director</u> |
| <input type="checkbox"/>            | Change of Registered Agent                   |
| <input type="checkbox"/>            | Dissolution/Withdrawal                       |
| <input type="checkbox"/>            | Merger                                       |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

**FILED**  
99 APR 22 PM 4: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

*See 4/27*

**OFFICER / DIRECTOR RESIGNATION**

**FILED**  
99 APR 22 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, LYNNE PIERCE, hereby resign as SECRETARY, TREASURER  
(Title)  
of MEDITREND GROUP, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**