

N04000003281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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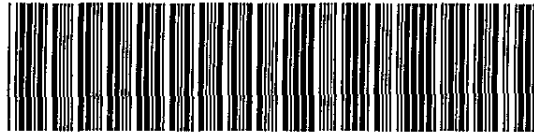
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSAL NON-PROFIT INSTITUTION CARE AIR-MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000003281

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

Please return all correspondence concerning this matter to the following:

LAWRENCE D. FELDER

(Name of Person)

LAWRENCE D. FELDER, P.A.

(Name of Firm/Company)

1840 SOUTHEAST 1st AVENUE

(Address)

FORT LAUDERDALE, FLORIDA 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE D. FELDER

(Name of Person)

at (954) 524-8808

(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 14, 2005

LAWRENCE D. FELDER, ESQ.
1840 S.E. 1ST AVE.
FT. LAUDERDALE, FL 33316

SUBJECT: UNIVERSAL NON-PROFIT INSTITUTION CARE AIR-MEDICAL,
INC.
Ref. Number: N04000003281

We have received your document for UNIVERSAL NON-PROFIT INSTITUTION CARE AIR-MEDICAL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Upon receipt of your request all that was enclosed was a cover letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

Letter Number: 605A00041188


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JACK PIERRE LOUIS, hereby resign as SECRETARY AND DIRECTOR
(Title)

of UNIVERSAL NON-PROFIT INSTITUTION CARE AIR-MEDICAL, INC.
(Name of Corporation)

N04000003281, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x 
(Signature of resigning officer/director)

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CLERK 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