

P00000021295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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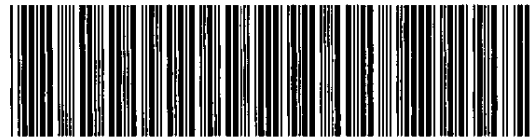
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 16 2013
C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WE CARE MEDICAL EQUIPMENT AND SUPPLIES
(Name of Corporation)

DOCUMENT NUMBER: PO0000021295

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

Please return all correspondence concerning this matter to the following:

Claudia Wechter
(Name of Person)

We Care Medical equipment and supplies, Inc
(Name of Firm/Company)
6055 West Commercial Blvd.
(Address)

Tamara 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Wechter at 954 658 8105
(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, Claudia Wechter, hereby resign as President
(Title)

of We Care Medical Equipment Services & Supplies Inc.
(Name of Corporation)

PO00000021295, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

[Signature]
(Signature of resigning officer/director)

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STATE OF FLORIDA
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