

P00000024001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

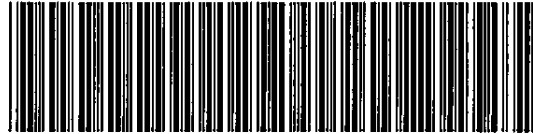
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*

C. Coullie NOV 03 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Support Management INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000024/001

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

Please return all correspondence concerning this matter to the following:

Michael Zoldan  
(Name of Person)

Medical Support Management INC  
(Name of Firm/Company)

6738 West Sunrise Blvd, Suite 106  
(Address)

Plantation, FL 33313  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Zoldan at (954) 647-0466  
(Name of Person) (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

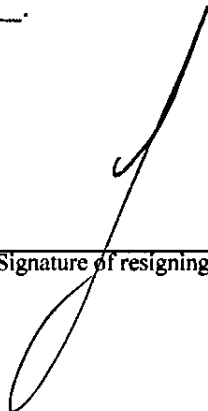
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ismael Landron, hereby resign as Vice President  
(Title)

of Medical Support Management INC,  
(Name of Corporation)

P00000024001, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

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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