

P00000035668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

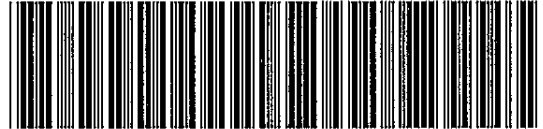
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300022957383

*Resignation of  
Officer*

09/22/03--01013--014 \*\*105.00

FILED  
03 SEP 22 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 SEP 22 AM 10:27  
STATE  
INVESTIGATIONS  
TALLAHASSEE, FLORIDA

*K/R  
9/22/03*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. MEDISON MEDICAL SYSTEM, INC.

(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., Officer/ Director |
| <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               |

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

03 SEP 22 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, FLAVIO G. TOMASSINI, hereby resign as SECRETARY  
(Title)

of MEDISON MEDICAL SYSTEM, INC.  
(Name of Corporation)

P00000035668, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

The date of adoptionis/was : MAY 31st, 2002



(Signature of resigning officer/director)