

P00000063423

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(City/State/Zip/Phone #)

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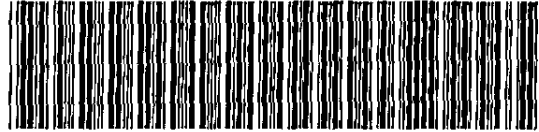
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAINBOW MEDICAL SERVICES & SUPPLIES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000063423

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

Please return all correspondence concerning this matter to the following:

ADOLFO R. FIGUEREDO

(Name of Person)

(Name of Firm/Company)

13256 SW 29 TERR.

(Address)

MIAMI, FLORIDA 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

ADOLFO R. FIGUEREDO

(Name of Person)

at (786) 586-9939

(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, ADOLFO R. FIGUEREDO, hereby resign as VICE-PRES. AND DIRECTOR
(Title)

of RAINBOW MEDICAL SERVICES & SUPPLIES, INC.
(Name of Corporation)

P00000063423, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Adolfo R. Figueredo
(Signature of resigning officer/director)

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05 JUN 30 AM 9:56
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