P00000089227

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
ALLAHASSEE FLORIS

Officer Resign Crin Murphy 12/26/07

COVER LETTER

11/1/2007 **Division of Corporations** MEDICAL DATA TECHNOLOGIES, INC. (Name of Corporation) P00000089227 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DAVID SIX** (Name of Person) MEDICAL DATA TECHNOLOGIES, INC. (Name of Firm/Company) PO BOX 2390 (Address) BRANDON, FL 33509 (City/State and Zip Code) For further information concerning this matter, please call: **DAVID SIX** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address: Amendment Section** Amendment Section Division of Corporations Post Office Box 6327 **Division of Corporations**

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WILSON C. NORBOM	, hereby resign as PTSD
	(Title)
$_{ m of}$ MEDICAL DATA TECH	INOLOGIES, INC
	(Name of Corporation)
P0000089227 (Document Number, if know	, a corporation organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

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

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