

P00000099159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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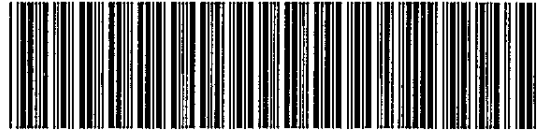
(Business Entity Name)

(Document Number)

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*Off. Resegni*

C. Coulliette JUN 23 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDIC ONE INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P00000099159

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

Please return all correspondence concerning this matter to the following:

MARCELIN, GARDY M.D.

(Name of Person)

MEDIC ONE INC.

(Name of Firm/Company)

5327 N.STATE RD 7

(Address)

TAMARAC, FL. 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELIN GARDY M.D.

(Name of Person)

at ( 954 ) 5921488

(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

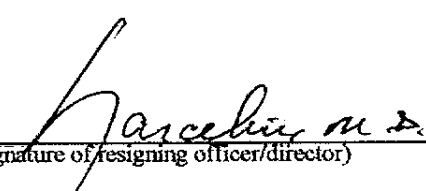
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARCELIN, GARDY, M.D., hereby resign as OFFICER/DIRECTOR  
(Title)

of MEDIC ONE, INC.  
(Name of Corporation)

P00000099159, 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