

P000000112249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 24 PM 2:37

C. Coulliette

C.COULLIETTE

JUN 27 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation from Heritage Medical Supplies, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000112249

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

Please return all correspondence concerning this matter to the following:

Christian Diaz

(Name of Person)

Heritage Medical Supplies, Inc.

(Name of Firm/Company)

7900 Nova Drive, Suite 201

(Address)

Davie, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Rodriguez

(Name of Person)

at (954) 577-9876

(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

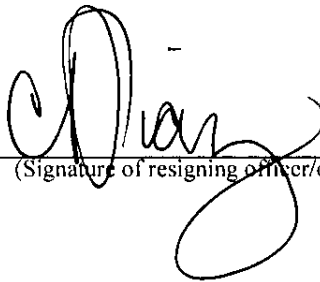
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christian Diaz, hereby resign as Director
(Title)

of Heritage Medical Supplies, Inc.
(Name of Corporation)

P00000112249, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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

*Sworn before me this 20th day of June 2011
ID verified. FL DL D 200 100 72 4210*

*Donna L. Somma
Somma*

NOTARY PUBLIC-STATE OF FLORIDA
Donna L. Somma
Commission # DD884578
Expires: AUG. 02, 2013
BONDED THRU ATLANTIC BONDING CO., INC.