

PO1000010830

July 3, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

300006235273--4
-07/08/02--01007--001
*****35.00 *****35.00

Officer / Director Resignation

Dear Sir or Madam:

Enclosed please find a Officer / Director Resignation form for each of the following:

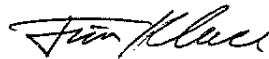
Numed Home Health Care, Inc.
Numed Home Health Care, Inc.
Motorist Alert Systems, Inc.

Tim Klace
Philip M. Rappa
Tim Klace

Also enclosed are three separate checks, each in the amount of \$35, as the filing fee for each of these forms. Please process the change in your system.

If you have any questions, please call me at 813/258-1065 x233.

Sincerely,



Tim Klace

FILED
02 JUL -8 PM 4:29
TALLAHASSEE, FLORIDA

601 SOUTH FREMONT AVENUE
TAMPA, FLORIDA 33606

Ps 7/15 for
old res.

FILED

02 JUL -8 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, TIM KLACE, hereby resign as DIRECTOR
(Title)

of MOTORIST ALERT SYSTEMS, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Tim Klace
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314