

PO1000026994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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04 MAR 12 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO1000026994  
02/12/04  
3-12-04  
3/12/04  
3/12/04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J C MedEquip and Supplies, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000026994

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

Please return all correspondence concerning this matter to the following:

Juana C. Martinez

(Name of Person)

J C MedEquip and Supplies, Inc.

(Name of Firm/Company)

10850 S.W. 173rd Street

(Address)

Miami, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

Juana C Martinez

(Name of Person)

at ( 786 ) 229-6193

(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, Juana C Martinez, hereby resign as Vice-President, All Titles  
(Title)

of J C MedEquip and Supplies, Inc.  
(Name of Corporation)

P01000026994, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**04 MAR 12 PM 1:17**  
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