

PO1000041953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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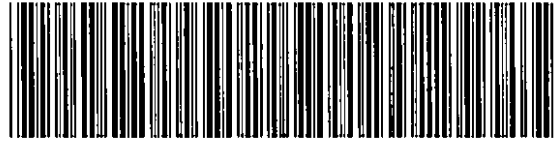
(Business Entity Name)

(Document Number)

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*Old Resignation*

AUG 23 2018

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARADIGM MEDICAL SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO1000041953

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

Please return all correspondence concerning this matter to the following:

JOHN C. EIDT, ESQ. (ret)

(Name of Person)

JOHN C. EIDT, INC.

(Name of Firm/Company)

639 E. PENNSYLVANIA AVE

(Address)

DELAND, FLORIDA 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN C. EIDT, ESQ. (ret) at ( 386 ) 279-7161

(Name of Person)

(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

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JAN 13 2010  
PM 2:39

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HANAN FRANCIS, hereby resign as DIR. SEC. REGISTERED AGENT  
(Title)

of PARADIGM MEDICAL SERVICES, INC.  
(Name of Corporation)

P01000041953, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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CORPORATIONS  
19 AUG 20 PM 2:30

**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