

P01000059740

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL BILLING UNLIMITED INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000059740

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

Please return all correspondence concerning this matter to the following:

CARMEN MARTIN
(Name of Person)

(Name of Firm/Company)

P.O. BOX 223074
(Address)

HOLLYWOOD, FL. 33022-3074
(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN Martin at 270-7035 01
(Name of Person) (Area Code & Daytime Telephone Number)
~~954-924-9471~~

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, CARMEN MARTIN, hereby resign as PRESIDENT
(Title)

of MEDICAL BILLING UNLIMITED Inc.
(Name of Corporation)

701000059740, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Carmen Martin
(Signature of resigning officer/director)

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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