

P02 000018102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

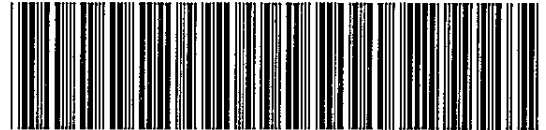
(Business Entity Name)

(Document Number)

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*Off Resign
T. Lewis*

07/26/04--01061--004 **35.00

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04 JUL 27 PM 12:45

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Extreme Medical Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 702000018102

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

Please return all correspondence concerning this matter to the following:

Asmer Monterey
(Name of Person)

(Name of Firm/Company)

7701 S.W. 15 Street
(Address)

Miami, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Perez, Esq. at (305) 358-6300
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

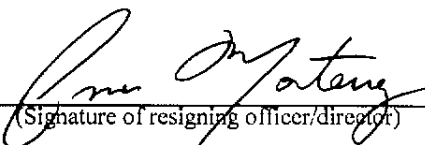
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04 JUL 29 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Asmer Monterey, hereby resign as Treasurer
(Title)

of Extreme Medical Services, Inc.
(Name of Corporation)

P02000018102, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

X 
(Signature of resigning officer/director)

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