

P02000034893

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(Requestor's Name)

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(City/State/Zip/Phone #)

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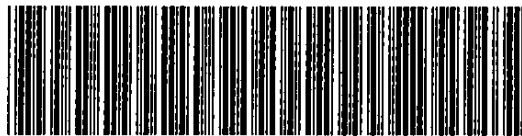
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDAMERICA, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000034893

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

Please return all correspondence concerning this matter to the following:

WALTER H. MESSICK

(Name of Person)

WALTER H. MESSICK, P.A.

(Name of Firm/Company)

1900 CORPORATE BLVD., SUITE 305 WEST

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER H. MESSICK

(Name of Person)

at ( 561 ) 995-8868

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Document No. P02000034893**

To Whom It May Concern, effective June 11, 2007:

I, Joel Westermarck, hereby resign as an employee of Medamerica, Inc.

I, Joel Westermarck, hereby resign as an officer of Medamerica, Inc.

I, Joel Westermarck, hereby resign as a member of the Board of Directors of Medamerica, Inc.

  
Joel Westermarck

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TALLAHASSEE, FLORIDA**