

PO2000037060

(Requestor's Name)

MEDICAL EQUIPMENT IN YOUR HANDS CORP.
3224 NW 7th St
Miami, FL 33125

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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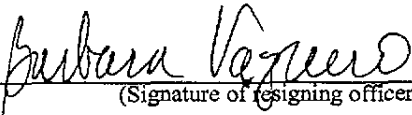
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BARBARA VAQUERO, hereby resign as PRESIDENT/TREASURER
(Title)

of MEDICAL EQUIPMENT IN YOUR HANDS CORP.
(Name of Corporation)

P02000037060
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA


(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