

PO200003785

FILED

02 MAY 14 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TAMIM POPALZAI  
1840 PRIMROSE LANE  
WEST PALM BEACH,  
FL 33414

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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-04/26/02--01055--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

CR2E031(7/97)

Examiner's Initials *PS 5/3/02*

*Resect old Res.  
PO2 5/14/02  
PS 5/14/02*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 3, 2002

TAMIM POPALZAI  
1840 PRIMROSE LANE  
WEST PALM BEACH, FL 33414

SUBJECT: ALL AMERICAN MEDICAL SUPPLY & EQUIPMENT, INC.  
Ref. Number: P02000037785

We have received your document for ALL AMERICAN MEDICAL SUPPLY & EQUIPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Each officer/director resignation must be submitted on a separate form. The filing fee for each is \$35.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Corporate Specialist

Letter Number: 502A00027715

**All American Medical Supply & Equipment, Inc.**

May 11, 2002

Pamela Smith  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Officer/Director Resignations for All American Medical Supply & Equip., Inc.  
Ref. Number: P02000037785**

Please find four (4) Officer/Director Resignation forms completed and signed. Also included is a check for \$105.00 which will cover the fees for three of the forms and you have with you the retained check for \$35.00 in our original mail to you.

We would greatly appreciate that you try your best to expedite this change and we have included in this mail, a return Fed Ex envelope so that you may overnight the new corporation documents as soon as it is processed. If you should have any further questions or comments, please contact me at (561) 744-0533 or (561)798-2517.

Thank you kindly,  
Tamim Popalzai

Lt. #: P020511 Corp



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
02 MAY 14 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION**

I, AHMAD HASSAIN, hereby resign as Director  
(Title)

of ALL AMERICAN MEDICAL SUPPLY & EQUIPMENT INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**