

PO2000048608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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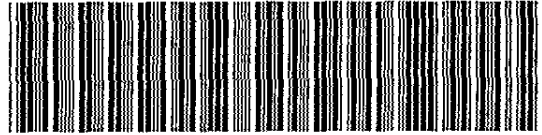
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO2000048608
8-29-03 RAR
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAN MEDICAL SALES & RENTAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 0200048608

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFREDO GUADAMUZ

(Name of Person)

SAN MEDICAL SALES & RENTAL, INC.

(Name of Firm/Company)

821 North Main Street

(Address)

Kissimmee, Florida 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO GUADAMUZ

(Name of Person)

at (407) 935-9700

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FROM : SANMEDICAL-EQUIPMENTV

FAX NO. : 17872852633
S&B MEDICAL

Aug. 15 2003 04:39PM P4

14:11 FAX 4079339113

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, GABRIEL SANTIAGO

(Name of Registered Agent)

hereby resigns as Registered Agent for SAN MEDICAL SALES & RENTAL, INC.

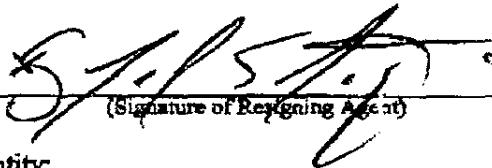
(Name of Corporation)

P02000048608

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 11st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

GABRIEL SANTIAGO

(Typed or Printed Name)

PRESIDENT

(Capacity)

FILED
03 AUG 29 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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