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TO: Amendment Section
Division of Corporations

SUBJECT: Intellimedica
(Name of Corporation)

DOCUMENT NUMBER: P02000122864

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

Please return all correspondence concerning this matter to the following:

Jon Oliphant
(Name of Person)

(Name of Firm/Company)

10532 Zurich St.
(Address)

Cooper City FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Oliphant at (954) 394 2642
(Name of Person) (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