

PD3000023609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

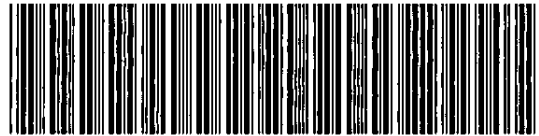
(Business Entity Name)

(Document Number)

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*Mr / Mr. [unclear]*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 31 AM 9:48

3 Roberts SEP. 04 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUALITY MEDICAL TRANSPORTATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000023609

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

Please return all correspondence concerning this matter to the following:

KOUVCHINNIKOV, SERGUEI

(Name of Person)

(Name of Firm/Company)

1865 S. OCEAN DRIVE, # 15-K

(Address)

HALLANDALE, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

KOUVCHINNIKOV, SERGUEI

(Name of Person)

at ( 954 ) 600-9111

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 31 AM 9:48

I, KOUVCHINNIKOV, SERGUEI, hereby resign as PRESIDENT/SECRETARY  
(Title)

of QUALITY MEDICAL TRANSPORTATION, INC.  
(Name of Corporation)

P03000023609, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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