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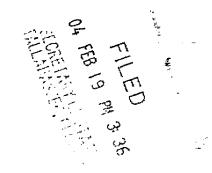
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: 14 Medical Inc (Name of Corporation)
DOCUMENT NUMBER: PO 30000 52259
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
(Address)
Doch Mon Ry 3 Jugg (City/State and Zip Code)
For further information concerning this matter, please call:
Toffing Leave at (561) b18~1500 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Teffrey (lever , hereby resign as we free dead (Title)

Of Mane of Corporation)

(Name of Corporation organized under the laws of the State of (Document Number, if known)

(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