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Olo Resigni Mm 11/6/03

TO:

Amendment Section

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: RYMED MED-EQUIP SUPPLIES INC. (Name of Corporation)
DOCUMENT NUMBER: 7030000 57404
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Klavibel Valois (Name of Person)
Rymed Med-Squir Supplies Inc. (Name of Firm/Company)
40 838 NW 92 Ave. (Address)
Plantation, FL 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Betting Lehrich at (954) 476 3803 (Area Code & Daytime Telephone Number)
(The Code of Day and Telephone Tellinet)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

11/6/03

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Betting Lehrich, hereby resign as VD - Vice Director Resid	ک و
of Rymed Med-Equip Supplies Inc.	-
PO30005 7404 , a corporation organized under the laws of the State of (Document Number, if known)	
Horida.	

(Signature of resigning officer/director)

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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