

7030000073093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

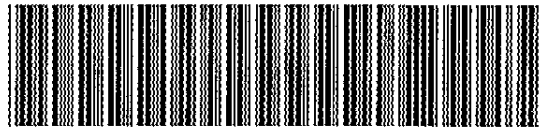
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500021477705

07/17/03--01025--008 **35.00

FILED
03 JUL 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pm
O/D Resignation
7/21/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B. M. R. MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000073093

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

Please return all correspondence concerning this matter to the following:

Juan Burgos
(Name of Person)

B. M. R. MEDICAL, INC.
(Name of Firm/Company)

672 N SEMORAN BLVD #201
(Address)

ORLANDO, FL 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Burgos at (407) 208-1102
(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:
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

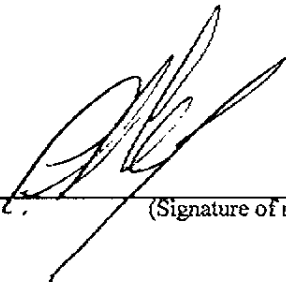
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLOS ROBLE, hereby resign as VICE PRESIDENT / DIRECTOR
(Title)

of B.M.R. MEDICAL, INC.
(Name of Corporation)

P03000073093 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

FILED
03 JUL 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA