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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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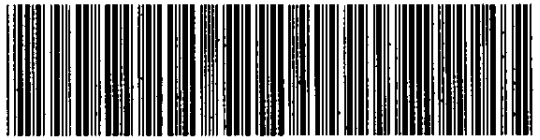
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DURABLE MEDICAL EQUIPMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000085232

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

Please return all correspondence concerning this matter to the following:

SHANNON R. MOULTON

(Name of Person)

DURABLE MEDICAL EQUIPMENT, INC.

(Name of Firm/Company)

2717 E OAKLAND PARK BLVD. STE. 202

(Address)

FORT LAUDERDALE, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

SHANNON R. MOULTON

(Name of Person)

at ( 954 ) 770-4992

(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

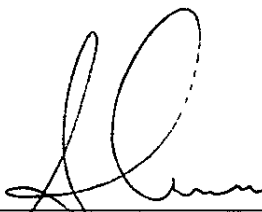
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SHANNON R. MOULTON, hereby resign as VICE-PRESIDENT,  
(Title)

of DURABLE MEDICAL EQUIPMENT, INC.,  
(Name of Corporation)

P03000085232, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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