

P03 0001140 95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

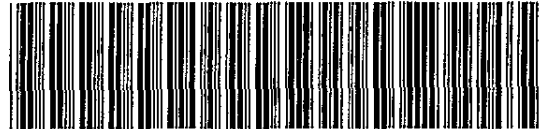
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



[Signature]

000042707810

11/19/04--01016--004 **35.00

Off Receipt

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 19 AM 11:24

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROMED MEDICAL EQUIPMENT & SUPPLY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03 000 114095

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

Please return all correspondence concerning this matter to the following:

SAMUEL GARCIA
(Name of Person)

PROMED MEDICAL EQUIPMENT & SUPPLY, INC.
(Name of Firm/Company)

1490 WEST 49 PLACE SUITE #372
(Address)

HALEAH, FLORIDA 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL GARCIA at (305) 817-3139
(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**

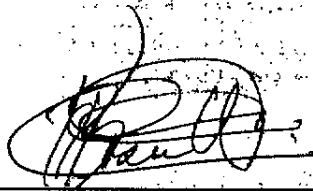
FILED
04 NOV 19 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NATANAEL BASULTO, hereby resign as PRESIDENT
(Title)

of PROHEB MEDICAL EQUIPMENT & SUPPLY, INC.
(Name of Corporation)

003000114095 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