P03000114095

(Requestor's Name)

(Address)

(Address)

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# TRANSMITTAL LETTER

**TO:** Amendment Section
Division of Corporations

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

**DOCUMENT NUMBER:** P03000114095

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)

HIALEAH, 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

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SEC. OF STATE
TALLAHASSEE, FLORIDA

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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

of PROMED MEDICAL EQUIPMENT & SUPPY, INC.
(Name of Corporation)

P03000114095
(Document Number, if known), a corporation organized under the laws of the State of

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