

P030000137132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR/ RWO - busy  
2/28 3/9/06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Sunlight Medical Supplies Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:**

PO3000137132

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

Please return all correspondence concerning this matter to the following:

Odalys Garcia  
(Name of Person)

Sunlight Medical Supplies, Inc.  
(Name of Firm/Company)

400 SW 107 AVE., Ste 404  
(Address)

Miami FL 33174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Odalys Garcia at (305) 220-0606  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**

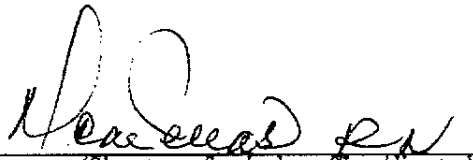
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Marta De Cardenas, hereby resign as President  
(Title)  
of Sunlight Medical Supplies, Inc.  
(Name of Corporation)  
P030000137132, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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