

P03000154904

(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



000045703130

02/01/05--01017--016 **35.00

FILED
05 FEB - 1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g off.
res

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P.R. Medical Equipment, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000154904

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

Please return all correspondence concerning this matter to the following:

Pedro Casado
(Name of Person)

P.R. Medical Equipment, Inc.
(Name of Firm/Company)

921 SW 27 Ave Ste A-1
(Address)

Miami FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

Pedro Casado at (305) 649-7111
(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, Ruban A. Hernandez hereby resign as Director
(Title)

of P.R. Medical Equipment, Inc.
(Name of Corporation)

P03000154904, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB - 1 AM 8:35

FILED

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