

PO4000004850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

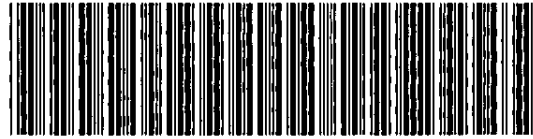
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700241169347

Resignation
of Officer

11/01/12--01012--015 **35.00

FILED
2012 NOV - 1 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
11/5/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCURATE MEDICAL SCREENING INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000004850

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

Please return all correspondence concerning this matter to the following:

Bob A VARMA
(Name of Person)

(Name of Firm/Company)

610 CROWN OAK CONTRS DR
(Address)

LONGWOOD, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob A VARMA at (407) 834-7344
(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**

FILED

2012 NOV -1 PM 12:48

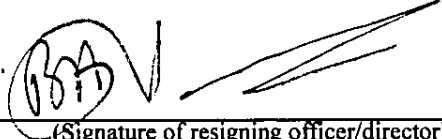
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BOB A VARMA, hereby resign as SECRETARY/TREASURER
(Title)

of ACCURATE MEDICAL SCREENING INC
(Name of Corporation)

P0400000 4850, 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