## P04000011325

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	., .
(Cit	y/State/Zip/Phone	· #)
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SECRETARY OF STATE

T BROWN APR 1 3 2004

TO: Amendment Section Division of Corporations ......

## TRANSMITTAL LETTER

SUBJECT: TOTAL MOTION MEDICAL, INC (Name of Corporation)
P04000044325
DOCUMENT NUMBER: F04000011325
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEPHEN L MOORE
(Name of Person)
Total Motion Medical Inc.
208 SCHOOL AVE
(Address)
BLOUNTVILLE, TN 378 (2)
(City/State Lip Code)
For further information concerning this matter, please call:
MARK J HAJEC at (954 ) 923-4324 (Name of Person) (Area Code & Daytime Telephone Number)
(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: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street
Tallahassee, FL 32314 Tallahassee, FL 32399

## FILED 04 APR -5 PH 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

STEPHEN MOORE	, hereby resign as_	PRESIDENT
) <del></del>	1101007 1001941 40	(Title)
TOTAL MOTION MEDICAL	L, INC	
(Nz	ame of Corporation)	
P04000011325	a corporation organized un	der the laws of the State of
Od400011325 (Document Number, if known)	, a corporation organized un	der the laws of the State of

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314