

PG4000011325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 31 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOTAL MOTION MEDICAL INC

(Name of Corporation)

**DOCUMENT NUMBER:** P04000011325

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

Please return all correspondence concerning this matter to the following:

ZVI RAFILOVICH, CPA

(Name of Person)

ZVI RAFILOVICH, CPA, P.A.

(Name of Firm/Company)

2229 SHERIDAN STREET

(Address)

HOLLYWOOD, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

ZVI RAFILOVICH

(Name of Person)

at ( 954 ) 921-0588

(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

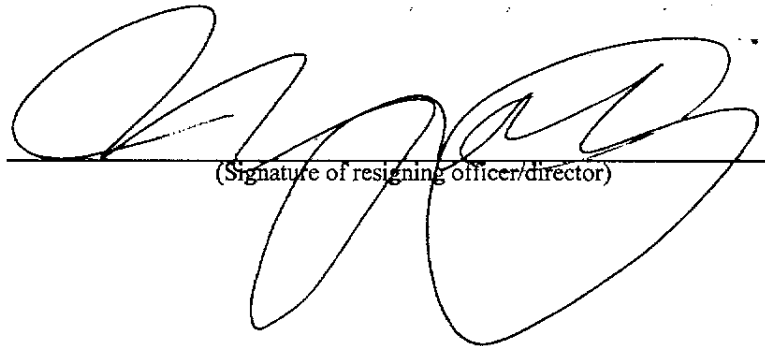
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WYATT GEIST, hereby resign as PRESIDENT  
(Title)

of TOTAL MOTION MEDICAL, INC.  
(Name of Corporation)

P04000011325, 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

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**