

P04000024518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

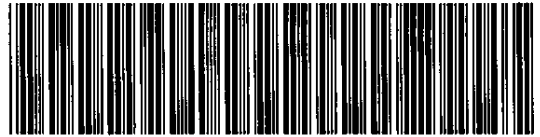
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resign.

TB

5/26/09

Affordable Professional Services, Inc.

2702 A West Oakland Park BLVD

Ft. Lauderdale, FL 33334

Phone: (954) 565-9929

Fax : (954) 565-1347

May 6, 2009

Stephen D. McCullough
designated "*Certified Legal Assistant*"
by Nat'l Assoc. of Legal Assistants, a
private org. not affiliated with Fla. Bar

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

Re: Document Number P04000024518
Martin Prosthetics & Orthotics, Inc.

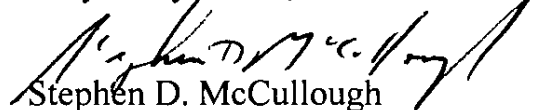
Dear Amendments Section:

Please file the enclosed Officer / Director Resignation for the above
referenced corporation.

Enclosed is my check for \$35.00 in payment of the filing fee.

Thank you.

Very Truly Yours,


Stephen D. McCullough

OFFICER / DIRECTOR RESIGNATION
FOR
MARTIN PROSTHETICS & ORTHOTICS, INC.

P04000024518
Document Number of Corporation

I, Kimberly A. Martin, hereby resign as Director, of Martin Prosthetics & Orthotics, Inc., a corporation organized under the laws of the State of Florida, and I affirm that the corporation has been notified in writing of my resignation.

Signed this 6 day of May, 2009


KIMBERLY A. MARTIN

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA