

P040000033872

(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



500072644555

*Resignation
of officer*

05/04/06--01011--003 **210.00

FILED
06 MAY -4 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 MAY -4 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
5/4/06*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Igna Medical Supply, Inc. PO40000338712
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**RESIGNATION OF OFFICER AND DIRECTOR
AFFIDAVIT**

IGNA MEDICAL SUPPLY, INC.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

FILED
06 MAY -4 AM 11:26
SECRETARY OF STATE
MIAMI/ALASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared, Osmel Roman , who upon being first duly sworn, says the following:

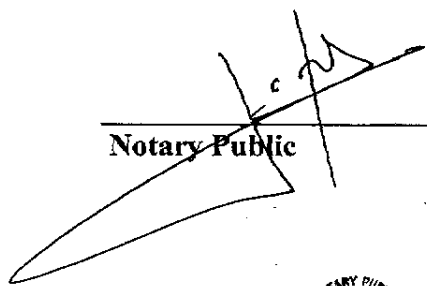
- 1. That I, Osmel Roman , have resigned as officer and shareholder in Igna Medical Supply, Inc. a Florida Corporation with a Document Number P04000033872.**
- 2. That the corporation has been notified in writing of the resignation.**

FURTHER AFFIANT SAYETH NAUGHT.



Osmel Roman

Sworn to and subscribed before me this 2nd day of May , 2006.
The undersigned notary public specifies that the affix signature being notarized and that affiant personally appeared before the notary at the of notarization. Affiant is personally know or has furnished know or has furnished _____ as identification.



Notary Public



JORGE R. LOPEZ
MY COMMISSION # DD 170023
EXPIRES: December 8, 2006
Bonded Thru Budget Notary Services