

PD4000036382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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OD/RES  
@ 9/10/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Supply Store # 1, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000036382

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

Please return all correspondence concerning this matter to the following:

Karen Kuncman

(Name of Person)

Medical Supply Store # 1, Inc.

(Name of Firm/Company)

4889 Coconut Creek Parkway

(Address)

Coconut Creek Parkway, Florida 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Buchholz

(Name of Person)

at ( 954 ) 933-9137

(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**

I, Karen Kuncman, hereby resign as President/Owner  
(Title)

of Medical Supply Store # 1, Inc.  
(Name of Corporation)

P04000036382, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Karen Kuncman  
(Signature of resigning officer/director)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 SEP - 8 AM 11:37

**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