

18400036382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL SUPPLY STORE #1  
(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:

BEN KUNCMAN  
(Name of Person)

MEDICAL SUPPLY STORE #1  
(Name of Firm/Company)

1831 N UNIVERSITY DRIVE  
(Address)

CORAL SPRINGS FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

NISHA DEONARINE at (516) 369-5613  
(Name of Person) (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, JOSEPH BUCHHOLZ, hereby resign as PRESIDENT  
(Title)

of MEDICAL SUPPLY STORE #1, INC.  
(Name of Corporation)

P04000036352, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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