Po4000037402

(Requestor's Name)					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EQUILIBRIUM MGDICAL SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: PO40000 37402
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DANIEL P. MERLW (Name of Person)
EQUILIBRIUM MEDICAL SERVICES, INC. (Name of Firm/Company)
29 RIVERSIDE DR. # 203 (Address)
(Address)
COCOA, FL 32922 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (UD7) 481-1740 (Area Code & Daytime Telephone Number)
(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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2007 AUG 16 AM II: 37

I, TEICIA CARRICK-	MELIN, her	reby resign as	U115	PLESIDENT
·				(Title)
of EQUILIBRIUM	MEDICAL	SERVICE	55, K	JC
(1)	Name of Corporation)			
PDU 6000 374 02 (Document Number, if known)	, a corporation	n organized und	er the laws	s of the State of
FLORI DA	•			

(Signature of resigning officer/director)

TRICIA CAPRICK - MERLIN

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