

P04000042118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

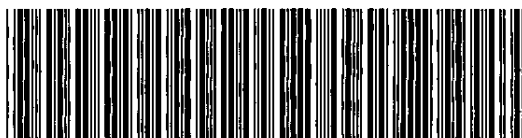
(Business Entity Name)

(Document Number)

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08 MAY 19 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Respi*  
*DJB*  
B. Goullette MAY 23 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSURED MEDICAL SOLUTIONS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000042118

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

Please return all correspondence concerning this matter to the following:

CHRIS CUMMINGS  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1534 VERACRUZ LANE  
(Address)

WESTON FL 33327  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS CUMMINGS at ( 954 ) 593 - 1242  
(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

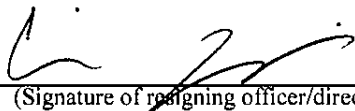
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHRISTOPHER CUMMINGS, hereby resign as VICE PRESIDENT  
(Title)

of ASSURED MEDICAL SOLUTIONS, INC.  
(Name of Corporation)

PO4000042118, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

**FILED**  
**08 MAY 19 PM 1:41**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**