

P04000055609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

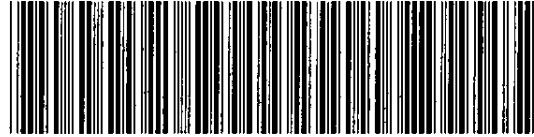
(Business Entity Name)

(Document Number)

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*Resignation  
of officer*

06/05/08--01032--011 \*\*35.00

2008 JUN -5 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*AOR  
6/5/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Family Medical Equipment & Supply Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000055609

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

Please return all correspondence concerning this matter to the following:

Abilen Rogue  
(Name of Person)

Family Medical Equipment & Supply Inc  
(Name of Firm/Company)

1610 Langan Ave  
(Address)

Deltona FL 32738  
(City/State and Zip Code)

For further information concerning this matter, please call:

Abilen Rogue at (386) 775-1034  
(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

FILED

2008 JUN -5 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Lazaro Roque, hereby resign as V. Pres  
(Title)

of Family Medical Equipment & Supply Inc  
(Name of Corporation)

P04000055609, 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