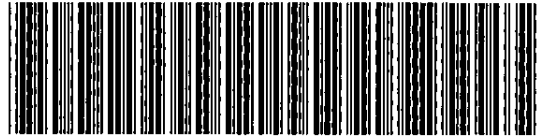


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TO: Amendment Section
Division of Corporations

SUBJECT: E Z MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000071007

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

Please return all correspondence concerning this matter to the following:

KARL W. BOYLES, JR., ESQUIRE
(Name of Person)

ATTORNEY
(Name of Firm/Company)

P.O. BOX 13464
(Address)

PENSACOLA, FL 32591-3464
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBBIE TURI at (850) 433-9225
(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

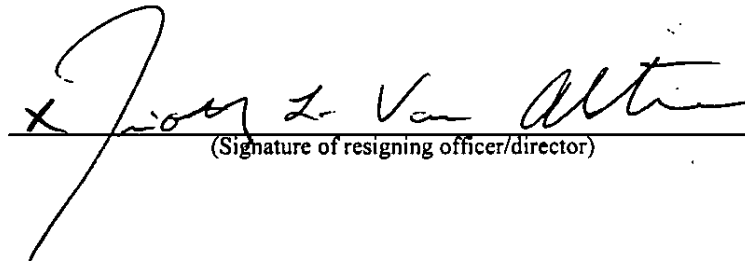
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIMOTHY L. VAN ALSTINE, hereby resign as Director/Secretary
(Title)

of E Z MEDICAL, INC.
(Name of Corporation)

P04000071007, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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

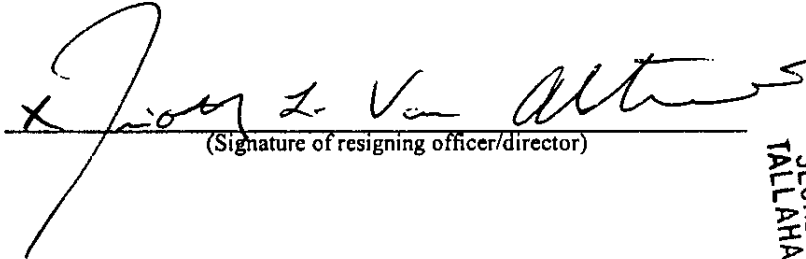
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FLORIDA


(Signature of resigning officer/director)

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Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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