

PD4000080038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DD / Res
@ 1.4.07



900082762079

900082762079
12/28/06--01029--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 28 PM 3:47

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIABETIC HEALTH SUPPLY INC
(Name of Corporation)

DOCUMENT NUMBER: P 040000 80038

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

Please return all correspondence concerning this matter to the following:

JOELL ADAMS
(Name of Person)

DIA-CARE INC
(Name of Firm/Company)

19 S. DIXIE HWY
(Address)

LAKE WORTH FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

JOELL ADAMS at (561) 8076935
(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, LYNN^C REDAVID, hereby resign as PRESIDENT
(Title)

of DIABETIC HEALTH SUPPLY INC
(Name of Corporation)

P04000080038, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
09 DEC 28 PM 3:47

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