

Division of Corporations

**P04000108248**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : GOLDBERG BATES, PLLC  
Account Number : I20070000134  
Phone : (407) 893-3776  
Fax Number : (407) 893-3779

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TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN****MEDCONCEPTS INTERNATIONAL, INC.**

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medconcepts International, Inc

(Name of Corporation)

**DOCUMENT NUMBER:** P04000108248

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

Please return all correspondence concerning this matter to the following:

Jodi Jaiman

(Name of Person)

Soone Business Development, Inc.

(Name of Firm/Company)

3660 Maguire Blvd., Suite 103

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Farber

(Name of Person)

at (407) 893-3726

(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

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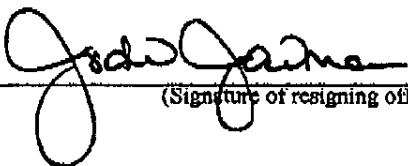
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jodi Jaiman, hereby resign as Vice President  
(Title)

of Medconcepts International, Inc.  
(Name of Corporation)

P04000108248, 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

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