Electronic Filing Cover Sheet

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(((H07000124506 3)))



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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPQUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone Fax Number : (407)841-1200 : (407)423-1831

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PROFESSIONAL LYMPHEDEMA SERVICES INC.

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Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

5/4/2007

(((H070001245063)))

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L. Jeffrey R. Berner	, hereby resign as an Officer and Director		
		(Title)	
of Professional Lymphedema Ser	vices Inc.		
P04000120306	_, a corporation organized under the laws of t	the State of	
Florida	_	·	
	-		
,		,	
/s/ SEE ATTA	CHED RESIGNATION		
(Si	gnature of resigning officer/director)	-	
		07 MAY SECRETAF	
Fĭ	LING FEE IS \$35.00	SEE SYC PI PI PI	

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

Make checks payable to Florida Department of State and mail to:

(((H070001245063)))

RESIGNATION

I hereby resign as an Officer and Director of PROFESSIONAL LYMPHEDEMA SERVICES, INC., effective immediately.

Dated this _______, 200°

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