

PO# 000158028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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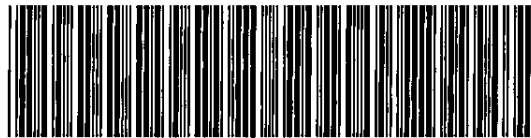
(Business Entity Name)

(Document Number)

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09/27/06--01005--016 **35.00

FILED
06 SEP 27 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KI-1A

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ivory Christen

(Name of Corporation)

DOCUMENT NUMBER: P04000158028

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

Please return all correspondence concerning this matter to the following:

Ingrid Metzler

(Name of Person)

Amerimedz II

(Name of Firm/Company)

200 S. Rosemary Avenue

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Ingrid Metzler

(Name of Person)

at (561) 833-9960

(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

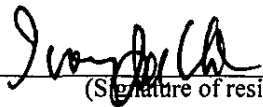
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ivory Christen, hereby resign as MGRM
(Title)

of Amerimedz II, Inc.
(Name of Corporation)

P04000158028, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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06 SEP 27 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000158028

Entity Name: AMERIMEDZ II INC.

FILED
Nov 08, 2005
Secretary of State**Current Principal Place of Business:**200 ROSEMARY
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**200 ROSEMARY
WEST PALM BEACH, FL 33401**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LADD, BRUCE J
785 BACOM POINT ROAD
PAHOKEE, FL 33476 US**Name and Address of New Registered Agent:**METZLER, INGRID L
6305 NW 23 RD STREET
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: INGRID METZLER

11/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: MRS () Change (X) Addition
Name: METZLER, INGRID
Address: 6305 N W 23 RD STREET
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID METZLER

MRS

11/08/2005

Electronic Signature of Signing Officer or Director

Date