## P04000159760

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SECRETARY OF STATE
ALLAHASSEF, FI ORI

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MED X LNCE, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO4000159760</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Thomas P. Cook (Name of Person)
Med XL nce (Name of Firm/Company)
6817 Southpoint Pkwy Suite 2004 (Address)
Tacksonville FL 32216 (City/State and Zip Code)
For further information concerning this matter, please call:
Tom Cook at (904) 607-9789 (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

JOHN R. ZEO	hereby re	sign as PRESIDES	TIVE TO
MEDXLN	ICE ZVC.		
Po 4 000/5976 (Document Number, if known)	O , a corporation organ	nized under the laws of t	he State of
	<del></del> ·		<b>07</b>
	- /	<b>АПАБЫ</b>	FIL 07 JUN 22 SECRETARY
16	(Signature of resigning off	icer/director)	
	(Signature of Fesigning off	ica/diacol)	317

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