P05000000917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOTAL EMEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000000917

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

Please return all correspondence concerning this matter to the following:

WALTER H. MESSICK
(Name of Person)

WALTER H. MESSICK, P.A.
(Name of Firm/Company)

1900 CORPORATE BLVD., SUITE 200 EAST
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER H. MESSICK at (561) 995-6666
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GABRIEL OHAYON, hereby resign as PRESIDENT, DIRECTOR
(Title)

of TOTAL EMEDICAL, INC.
(Name of Corporation)

P05000000817, a corporation organized under the laws of the State of
(Document Number, If known)

_____.

_____ 9/06/2005
(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