P05000023894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: COMP-MED SOLUTIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000023894

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

Please return all correspondence concerning this matter to the following:

MATHEW JIMMERSON
(Name of Person)

COMP-MED SOLUTIONS, INC.
(Name of Firm/Company)

1 S.W. 129TH AVENUE, SUITE 302
(Address)

PEMBROKE PINES, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

MATHEW JIMMERSON at (954) 292-1485 437-4443
(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

CR2L044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, IRA M. KOTCH, hereby resign as VICE PRESIDENT
(Title)

of COMP-MED SOLUTIONS, INC.
(Name of Corporation)

P05000023894, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

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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