

PD5000074788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

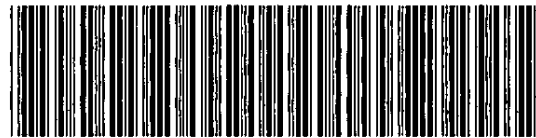
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800132022568

08/07/08--01021--006 **95.00

FILED
08 AUG -7 PM 12:16
CLERK OF SUPERIOR COURT
PALM BEACH COUNTY, FLORIDA

OLD Res.

8/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedX Corporation
(Name of Corporation)

DOCUMENT NUMBER: 905000074788

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

Please return all correspondence concerning this matter to the following:

David Fleming
(Name of Person)

MedX Systems LLC
(Name of Firm/Company)

1030 N. Orange Ave Suite 101
(Address)

Orlando FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID Fleming at (407) 491-9930
(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**

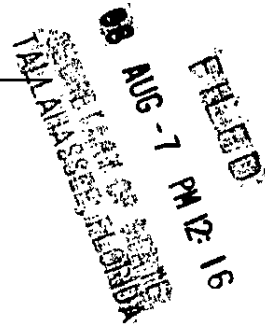
I, DAVID Fleming, hereby resign as COO/CFO/Treasurer
(Title)

of MedX Corporation,
(Name of Corporation)

POS00007478F, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(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