

P05000079880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

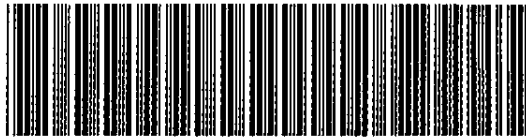
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 DEC 12 AM 11:58

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*Off resign
Tlews
12-13-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEZIT MEDICAL, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000079880

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FABIAN IGWE

(Name of Person)

KEZIT MEDICAL, INC

(Name of Firm/Company)

18376 NW 61 PLACE

(Address)

MIAMI, FLORIDA 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

NOAH MOMPOINT

(Name of Person)

at (305) 652-4300

(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**

FILED

11 DEC 12 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I, BIBIAN IGWE, hereby resign as PRESIDENT
(Title)

of KEZIT MEDICAL, INC
(Name of Corporation)

P05000079880, 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