

P05000085284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 1-13-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McLane Medical, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000085284

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

Please return all correspondence concerning this matter to the following:

Charles McLane, Jr.

(Name of Person)

(Name of Firm/Company)

13241 Bartram Park Blvd. Suite 1017

(Address)

Jacksonville, FL 32258

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles McLane, Jr.

(Name of Person)

at (904) 260-2001

(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**

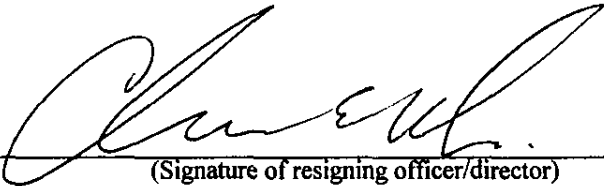
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Charles McLane, hereby resign as President
(Title)

of McLane Medical, Inc.
(Name of Corporation)

P05000085284, 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