

POS000121449

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TALLAHASSEE FLORIDA

OCT 11 2005

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL MEDICAL SERVICE CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000121449

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

Please return all correspondence concerning this matter to the following:

AMAURY VIDAL

(Name of Person)

ALL MEDICAL SERVICE CORP.

(Name of Firm/Company)

674 N.W. 62 STREET

(Address)

MIAMI, FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO CHANG

(Name of Person)

at ( 305 ) 282-3615

(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**  
05 OCT -3 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, AMAURY VIDAL, hereby resign as PRES., V.P. TREASURER  
(Title)

of ALL MEDICAL SERVICE CORP.  
(Name of Corporation)

P05000121449, 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