## P05000121449

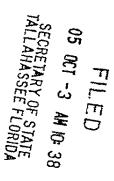
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i>&gt;</i> #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

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)
(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

05 por
777 1
SECRETARY OF STATE FLORIDA
FLORIDA

I AMAURY VIDAL	hereby resign as	PRES., V.P. TREASURER
7		(Title)
of ALL MEDICAL SERVICE CORP.		
(Name of Co	rporation)	
P05000121449  (Document Number, if known)	corporation organized un	der the laws of the State of
FLORIDA		
	<u>a</u>	
——————————————————————————————————————	ure of resigning officer/direct	tor)

## 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