

PO5000153312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

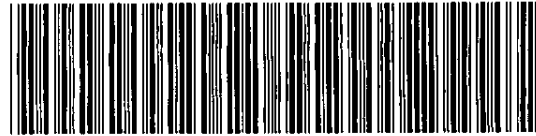
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200245037482

02/25/13--01026--008 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
13 FEB 25 PM 2:55

off. Res.

FEB 28 2013

T. BROWN

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pro Med Direct, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000153312

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

Please return all correspondence concerning this matter to the following:

Michael F. Schmitz

(Name of Person)

Pro Med Direct, Inc.

(Name of Firm/Company)

2170 Sunnydale Blvd, Ste X

(Address)

Clearwater, FL 33765

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen M. Schmitz at ( 727 ) 543-7838

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 25 PM 2:55

I, Kathleen M. Schmitz, hereby resign as President / Director  
(Title)

of Pro Med Direct, Inc.  
(Name of Corporation)

P05000153312, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Kathleen M. Schmitz  
(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