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(Requestor's Name)
(Address)
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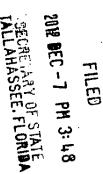
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COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: Senior Medical Supplies, Inc. (Namedoli Corporation)
DOCUMENT NUMBER: POGODOD 236/6
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bradley Thomas (Name of Person)
Senior Medical Supplies, Inc. (Name of Firm/Company)
1209 East 22 5t. (Address)
San ford, FC 32771 (City/State and Zip Code)
For further information concerning this matter, please call:
Carmen Garcia at (407) 936-1212 (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 FILED

2012 DEC -7 PM 3: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Carmen Garcia	, hereby resign as Secvetary (Title)
	(Title)
of Senior Medical Su	adies to
of <u>Senior Medical Su</u> (Name of Corpor	skiot)
POGOOOD36/G , a corp (Document Number, if known)	poration organized under the laws of the State of
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