

P06000025425

(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



700067125517

03/06/06--01043--014 **25.00

DEPT OF STATE
TALLAHASSEE, FLORIDA

2006 MAR -6 AM 10:10

FILED

Resign

G. Coulllette MAR 14 2006

RUSSELL L. FORKEY, P.A.

2888 EAST OAKLAND PARK BOULEVARD

FT. LAUDERDALE, FLORIDA 33306

TELEPHONE: (954) 568-4441

FACSIMILE: (954) 568-4180

March 2, 2006

Via Facsimile No. 954-428-0122

Peter Lamia

700 NE Harbour Terrace

Boca Raton, FL 33431

RE: Lamia Medical, Inc.

Dear Peter:

Enclosed herewith please find the original Officer/Director Resignation For A Corporation signed by Russell Forkey and a cover sheet directed to the Amendment Section of the Division of Corporations relative to the subject matter. After you have had the opportunity to review the enclosures, please sign where indicated and forward the fully executed Officer/Director Resignation form with a check payable to the Florida Department of State for the amount of \$35.00 to the Division of Corporations at PO Box 6327, Tallahassee, FL 32314. Should you have any questions or comments, please do not hesitate to contact this office.

Very truly yours,



Lorena Villanueva

Secretary to Russell L. Forkey

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lamia Medical, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000025425

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

Please return all correspondence concerning this matter to the following:

Peter Lamia
(Name of Person)

Lamia Medical, Inc.
(Name of Firm/Company)

700 NE Harbour Terrace
(Address)

Boca Raton, Florida 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Lamia at (561) 289-3054
(Name of Person) (Area Code & Daytime Telephone Number)

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

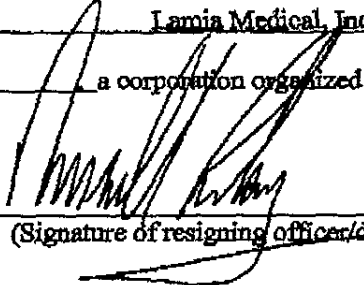
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Russell L. Forkey, hereby resign as President

of Lamia Medical, Inc.
P06000025425 a corporation organized under the laws of the State of Florida.


(Signature of resigning officer/director)

I, Russell L. Forkey, hereby assign my position as the President

of Lamia Medical, Inc.

to Peter Lamia.


(Signature of new 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

FILED
2006 MAR -6 AM 10:10
TALLAHASSEE, FLORIDA