

P06000025997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

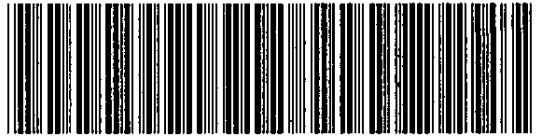
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

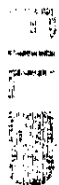
Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Off. Resign

C.COULLIETTE

APR 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMIR MEDICAL INC
(Name of Corporation)

DOCUMENT NUMBER: P06000025997

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

Please return all correspondence concerning this matter to the following:

JAYA PATEL

(Name of Person)

AMIR MEDICAL INC

(Name of Firm/Company)

1309 E ALLEGRIE DRIVE

(Address)

INVERNESS FL 34453

(City/State and Zip Code)

For further information concerning this matter, please call:

JAYA PATEL

(Name of Person)

at (352) 637-1328

(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, HARSHAD PATEL, hereby resign as PRESIDENT
(Title)

of AMIR MEDICAL INC
(Name of Corporation)

P06000025997, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Harshad Patel
(Signature of resigning officer/director)

As of 3-15-10

ck # 1091.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 22 PM 1:54

FILED