

PO6000033602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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000185259800

*Resignation
to officer*

10/04/10--01007--029 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -4 PM 12:27

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*ADR
10/5/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CourierMed, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000033602

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

Please return all correspondence concerning this matter to the following:

Sanford D. Altman, MD

(Name of Person)

CourierMed, Inc

(Name of Firm/Company)

16401 NW 2nd Avenue, Suite 100

(Address)

North Miami Beach, Florida 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Simon Russell

(Name of Person)

at (866) 919-9187

(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**

FILED

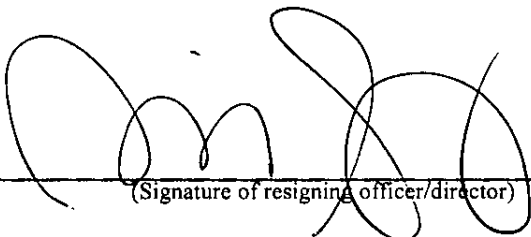
2010 OCT -4 PM 12:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Bonnie Rodriguez, hereby resign as Director
(Title)

of CourierMed, Inc.
(Name of Corporation)

P06000033602, a corporation organized under the laws of the State of
(Document Number, if known)
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