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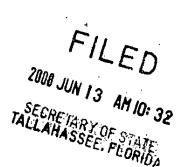
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Amendment Section Division of Corporations

TO:

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SUBJECT: St. Jude Medical Equipment, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P06000039333
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Luis I. Moreno Morales
(Name of Person)
ST. Jude Medical Equipment, Inc.
(Name of Firm/Company)
10871 SW 188 Street, #29
(Address)
Miami, Florida 33157
(City/State and Zip Code)
For further information concerning this matter, please call:
Luis I. Moreno Morales at (786) 985-9017 (Name of Person) (Area Code & Daytime Telephone Number)
(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



. Fernando J. Valderas	, hereby resign as President/Director	
7	(Title)	
of_St. Jude Medical Equipment, I		
(Name	of Corporation)	
P06000039333 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	_ .	
(S	ignature 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