P060000 43930

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
ALLAHASSEE. FLORID

0/10 Resign 8/28/07

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: PRO-MED EQUIPMENT SALES, INC (Name of Corporation)
DOCUMENT NUMBER: P06000043930
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSE BATISTA (Name of Person)
PNO-MED EQUIDMENT SALES, INC. (Name of Firm/Company)
6830 White OAK Dr (Address)
(Address)
MIAMI LAKES, FL 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 986-0620 (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, GEORGE CUADA, hereby resign as VICE- F	NESIDE Title)	カア 一
of DNO-MED EQUIPMENT SALES, INC. (Name of Corporation)	<u></u>	_,
P0600043930, a corporation organized under the laws of the (Document Number, if known)	ne State of	
FLORIDA.		
(Signature of resigning officer/director)	O SI SI	
	07 AUG 22 SECRETARY ALLAHASSE	
FILING FEE IS \$35.00	PH 3: 4	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314