

P060000062834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

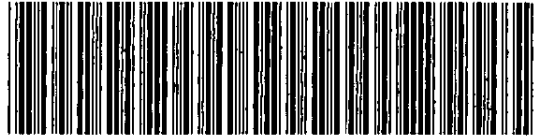
(Business Entity Name)

(Document Number)

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2008 JUN 25 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

TB

6/27/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Am Med Holdings I, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P060000 62834

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

Please return all correspondence concerning this matter to the following:

Thomas W. Brown, Sr.  
(Name of Person)

Am Med Holdings I, Inc.  
(Name of Firm/Company)

6101 CENTRAL AVE.  
(Address)

ST. PETERSBURG, FL 33710  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas W. Brown Sr at (727) 381-0906  
(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, Thomas W. Brown, Sr., hereby resign as PRESIDENT  
(Title)

of Am Med Holdings I, Inc.  
(Name of Corporation)

P060000 62834, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)  
THOMAS W. BROWN SR.

**FILED**  
2008 JUN 25 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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