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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:	Amendment Section Division of Corporations
SHR	JECT: Medic-Access International Inc.
5050	(Name of Corporation)
DOC	UMENT NUMBER:
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Nati	halie Campeau
	(Name of Person)
Med	dic-Access International Inc.
	(Name of Firm/Company)
286	0 Somerset Dr. #417
	(Address)
For	t Lauderdale, FL 33311
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Nath	nalie Campeau at (964) 735-4066 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2006 DEC 26 PM 12: 27.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Nathalie Campeau		, hereby resign as	Vice-President	
		, neres , resign us	(Title)	
f Medic-Access Inter				
	Name of Corporation	on)		
<i>POG 0000 735 97</i> (Document Number, if known)	, a corpor	ation organized under	r the laws of the State of	
Florida	•			
				
	1. (-			
	(Signature of a	resigning officer/director)	<u> </u>	

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