

906000141443



900117622019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2008

ANTONIO PRIMO  
MEDEQUIP NETWORK, INC.  
3924 NW 167 STREET  
MIAMI GARDENS, FL 33054

SUBJECT: MEDEQUIP NETWORK, INC  
Ref. Number: P06000141443

We have received your document for MEDEQUIP NETWORK, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

- Karen Gibson  
Document Specialist Supervisor

Letter Number: 808A00019095

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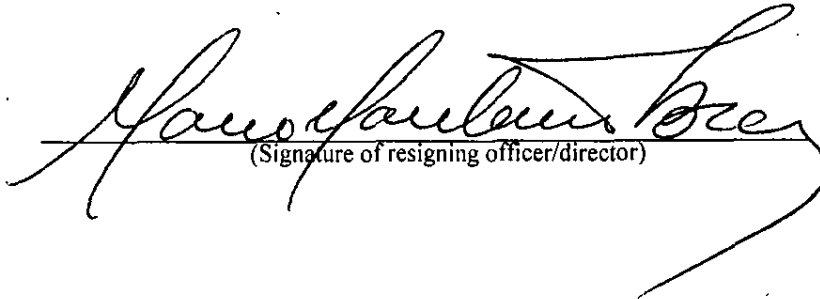
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mario M. Braz, hereby resign as Director  
(Title)

of MedEquip Network, Inc.  
(Name of Corporation)

P06000141443, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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**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