

PO7000056707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

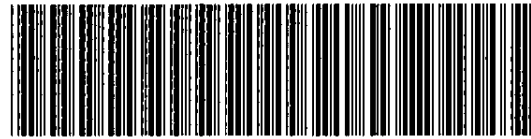
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400187729764

*Resignation
to Officer*

11/29/10--01042--009 **105.00

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2010 NOV 29 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR
12/3/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Castor McLane Medical, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000056707

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

Please return all correspondence concerning this matter to the following:

Stanley A. Castor

(Name of Person)

(Name of Firm/Company)

5383 Primrose Lake Circle, Suite A

(Address)

Tampa, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bowlus, Esq.

(Name of Person)

at (904) 619-4193

(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

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2010 NOV 29 AM 9:10

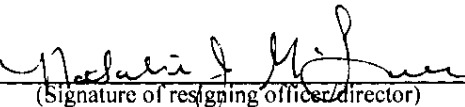
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Natalie J. McLane, hereby resign as Vice President
(Title)

of Castor McLane Medical, Inc.
(Name of Corporation)

P07000056707, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature 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