

P87000099025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

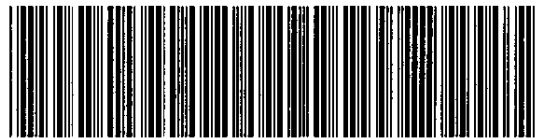
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/12/09

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
(Name of Corporation)

DOCUMENT NUMBER: P070000 99 025

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

Please return all correspondence concerning this matter to the following:

OLIVER LOVEC, PRES.
(Name of Person)

MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
(Name of Firm/Company)

273 REX PLACE, UNIT G.
(Address)

MADEIRA BEACH, FL. 33708-1927
(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVER LOVEC, PRES. at (727) 415-5989
(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

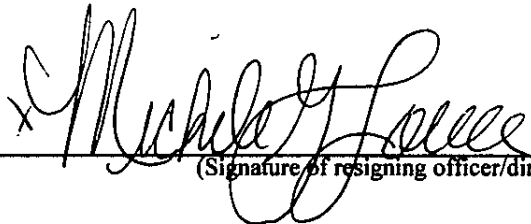
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHELE G. LOVEC, hereby resign as SECRETARY
(Title)

of MEDICAL VIDEO AND INDUSTRIAL DESIGN, INC.
(Name of Corporation)

P07000099025, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 27 AM 8:46

FILED

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