PO7CEXY355555

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	ALBERT .
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

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2009 MAR 20 PM 1:37
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Absolute Medic exposure inc. (Name of Corporation) DOCUMENT NUMBER: P07000135545
DOCUMENT NUMBER: PO 10001355 45
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Nicholas (Name of Person)
(Name of Firm/Company)
SSt9 Wanassas Rd (Address)
Tampa fl 33635 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Nicholes at (813) 900-2550 (Name of Person) at (813) 900-2550 (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

CR2E044(08/05)

χ,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Robert Nicholas, hereby resign as Vice &	res, Title)	den	+ (VP
of AbSO/He Med, & exposure inc (Name of Corporation) P07000135545, a corporation organized under the laws of the corporation o	ne State o	of	,
FLORIDA.			
(Signature of resigning officer/director)	SECRE TA TALLAHAS	2009 MAR 2	Concurs.

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