P08000030220

	equestor's Name)		
(Re	questors (varie)		
(Ad	ldress)		
(Ad	ldress)	,	
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Ru	siness Entity Nam	(A)	
(50	Siliess Entity Ivaili	ie)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:	<u> </u>	
Special instructions to	Filing Officer.		
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Office Use Only



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SECRETARY OF STATE

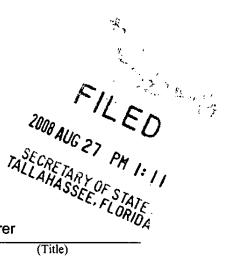
officer Resignation
TB 9/3/08

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Deal and Wesson	n Medical Properties, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P	08000030220
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Jonathan Wesson	
(Name of I	Person)
Deal and Wesson Medical P	roperties, Inc.
(Name of Firm	/Company)
P.O. Box 1154	
(Addre	ss)
Shalimar, FL 32579	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Jonathan Wesson	at (850) 259-5068 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade 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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Amanda Wesson	, hereby resign as_	Treasurer	~~/ <u>/</u>
7	,,,	(Title)	
of Deal and Wesson Medical			
· (N	lame of Corporation)		
P08000030220 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	·		
Ann	and alaba		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314