

P090000025353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

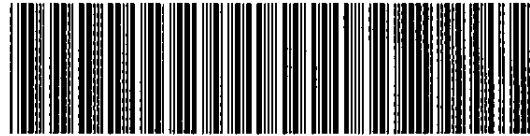
(Business Entity Name)

(Document Number)

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*Resignation
to Officer*

10/13/11--01006--012 **35.00

FILED
2011 OCT 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
10/13/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Medical Equipment, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000025353

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

Please return all correspondence concerning this matter to the following:

Christopher S. Miller

(Name of Person)

(Name of Firm/Company)

720 E. Fletcher Ave, Suite 110

(Address)

Tampa, FL 33612

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher S. Miller

(Name of Person)

at (813) 558-8252

(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**

FILED

2011 OCT 13 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Christopher S. Miller, hereby resign as President
(Title)

of Premier Medical Equipment, Inc.
(Name of Corporation)

P09000025353, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

X Christopher S. Miller
(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