P09000026934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. HUNT

09/05/23

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOSMED INC
(Name of Corporation)

DOCUMENT NUMBER: P09000026934

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

Please return all correspondence concerning this matter to the following:

INGRID MARY GUERRERO RAPP
(Name of Person)

HOSMED INC
(Name of Firm/Company)

3403 NW 82TH AVENUE, SUITE 102
(Address)

DORAL, FL 33122
(City/State and Zip Code)

2023 SEP -5 PM 12:40

For further information concerning this matter, please call:

SEGUNDO S JIMENEZ at (786) 266-7795
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, INGRID MARY GUERRERO RAPP, hereby resign as CFO
(Title)

of HOSMED INC
(Name of Corporation),

P09000026934
(Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(Signature of resigning officer/director)

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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