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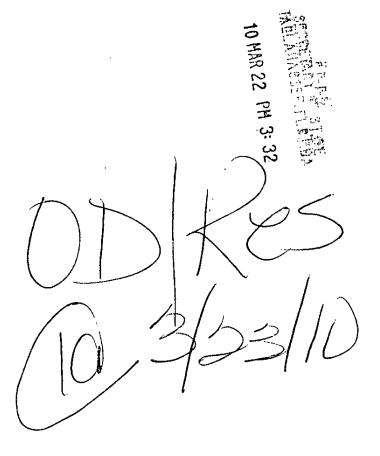
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		:			

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03/22/10--01018--024 **35.00



COVER LETTER

SUBJECT: A & N Integratu Medical Solutions Inc (Name of Corporation)
DOCUMENT NUMBER: PAGADO 61419
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rundall 6 Noakes Ja (Name of Person)
(Name of Firm/Company) (Name of Firm/Company)
4010 N. Ocean BLVD (Address)
Fort Lande-da (1 F2 33308) (City/State and Zip Code)
For further information concerning this matter, please call:
Dynnell Anschuetz at (954) 573 -8400 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Randall 6 No	les Tr, here	by resign as Presign	Leat (Title)
of	A \$N I	ntegration)	Medical	Solutions, INC.
_(Document Number, if known) Florida	19, a corporation o	organized under the laws	of the State of
		Pres	ident 3/19/12	

(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