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## **COVER LETTER**

Division of Corporations
SUBJECT: Prestige Medical Systems  DOCUMENT NUMBER: P0900008779/
·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Prestige Medical Systems (Name of Firm/Company)
8290 SW 47 Tenuce (Address)
Miami P2 33/55 (City/State and Zip Code)
For further information concerning this matter, please call:
Lissa Torres at (786) 345-4900 (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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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Tuill (abo, hereby resign as President (Title)

of Prestige Medical Systems Inc.

(Document Number, if known)

, a corporation organized under the laws of the State of

Florida

(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