

P10000018758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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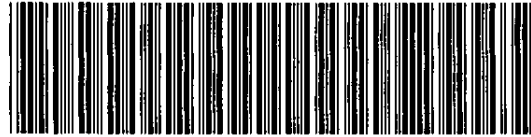
(Business Entity Name)

(Document Number)

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C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nationwide Home Medical Retail, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000018758

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

Please return all correspondence concerning this matter to the following:

Jason Buchwald

(Name of Person)

(Name of Firm/Company)

20774 NE 32nd Avenue

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Buchwald 954 641-9800
_____ at (_____) _____

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jason Buchwald, hereby resign as Secretary/Treasurer
(Title)

Nationwide Home Medical Retail, Inc.
of _____
(Name of Corporation)

P10000018758

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


(Signature of resigning officer/director)

FILED
18 NOV 26 PM 12:32
TALLAHASSEE, FLORIDA

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