

P10000018758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

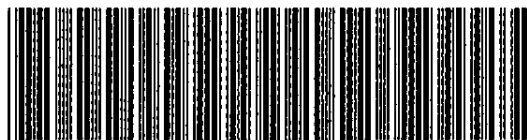
(Business Entity Name)

(Document Number)

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K. WHITE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Nationwide Home Medical Retail Inc  
(Name of Corporation)

DOCUMENT NUMBER: Pl 000 00 18758

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

Please return all correspondence concerning this matter to the following:

ROBERT Gregg  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9394 SATIN LEAF PLACE  
(Address)

PACELAND FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT Gregg at ( 917 ) 513 8554  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

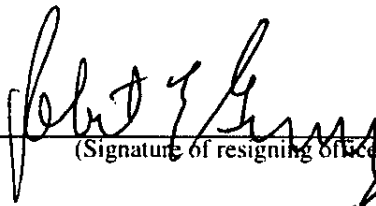
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT GREGG, hereby resign as PRESIDENT + DIRECTOR  
(Title)

of NATIONWIDE HOME MEDICAL RETAIL, INC.  
(Name of Corporation)

PI 000 00 18758, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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13 MAY 20 PM 12:24  
SECRETARY OF STATE  
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