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TO:	Amendment Section Division of Corporations
SUBJ	VECT: MDI Healthcare Solutions, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P10000040037
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Reb	ekah M. Kurdziel, Esq.
	(Name of Person)
Holo	den, Carpenter, Roscow & Kurdziel, PL
	(Name of Firm/Company)
5608	8 N.W. 43rd Street
	(Address)
Gair	nesville, Florida 32653
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Rebe	(Name of Person) at (352) 373-7788 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Theordore Willich	, hereby resign as Vic	, hereby resign as Vice-President		
	, , , , , , , , , , , , , , , , , , , ,	(Title)		
of MDI Healthcare Solution	ons, Inc.			
	(Name of Corporation)			
P10000040037	, a corporation organized under t	, a corporation organized under the laws of the State of		
(Document Number, if know	wn)			
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