

P10000049199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -5 AM 9:57

C. Coulliette
C.COULLIETTE

OCT 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MDS INSURANCE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000049199

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

Please return all correspondence concerning this matter to the following:

Deborah Van Brunt

(Name of Person)

MDS Insurance Services, Inc

(Name of Firm/Company)

7401 Wiles Road, STE 255

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Gordon

(Name of Person)

at (954) 227-6970

(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

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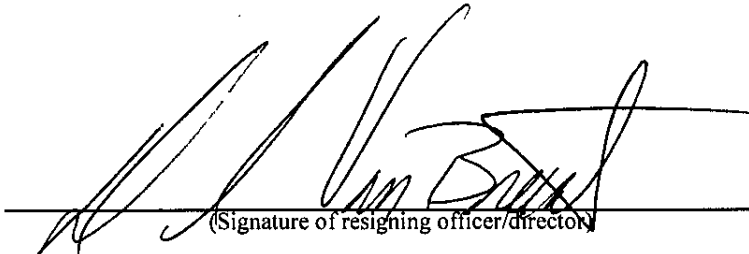
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Deborah Van Brunt, hereby resign as Vice President
(Title)

of MDS Insurance Services, Inc.
(Name of Corporation)

P10000049199, a corporation organized under the laws of the State of
(Document Number, if known)

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

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