

P100000049734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

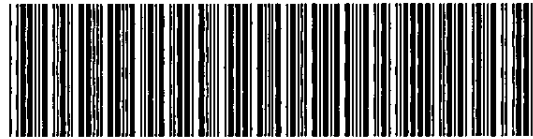
(Business Entity Name)

(Document Number)

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200225759462

Resignation  
DB Officer

03/29/12--01021--007 \*\*35.00

FILED  
2012 MAR 29 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
3/30/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Waste Management Corp  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000049734

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

Please return all correspondence concerning this matter to the following:

Daniel Fernandez  
(Name of Person)

Medical Waste Management Corp  
(Name of Firm/Company)

10775 SW 190 St #20  
(Address)

Miami, FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Fernandez at ( 305 ) 677-2343  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

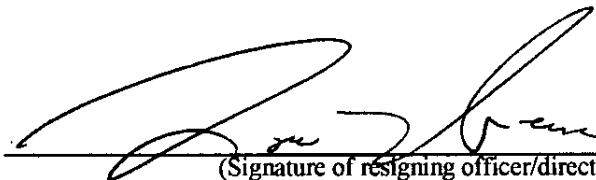
**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jose Hechler, hereby resign as President  
(Title)

of Medical Waste Management  
(Name of Corporation)

P10000049734, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director) 3/16/2012

**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