

PI0000095968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of officer/director from Ideal Medical Solutions, inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000095968

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

Please return all correspondence concerning this matter to the following:

James Charles Antos

(Name of Person)

Ideal Medical Solutions, Inc.

(Name of Firm/Company)

2855 South Atlantic Avenue, #404

(Address)

Daytona Beach, Florida 32118

(City/State and Zip Code)

For further information concerning this matter, please call:

James Charles Antos

(Name of Person)

at (386) 212-0007

(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

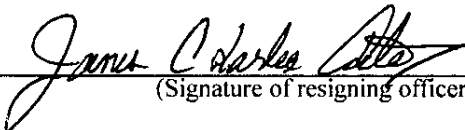
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James Charles Antos, hereby resign as officer/director/VPST/D
(Title)

of Ideal Medial Sololutions. Inc.
(Name of Corporation)

P10000095968, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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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