P/10000/444

(Req	uestor's Name)	
(Address)		
(Address)		
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		:

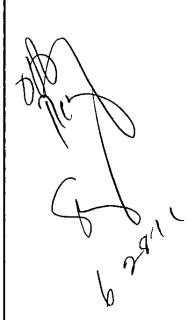
Office Use Only



400209354704

06/27/11--01007--011 **35.00

ZIN JUN 27 AH II: 4



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: R & S MEDICAL SERVICES INC	
(Name of Corporation)	
DOCUMENT NUMBER: P11000001444	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
RAMON JIMENEZ	
(Name of Person)	
(Name of Firm/Company)	
3606 W SPRUCE ST	
(Address)	
TAMPA, FL 33607	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
P J TESTA ACCOUNTANT (Name of Person) at (813) 877-9615 (Area Code & Daytime Telephone Num	
(Name of Person) (Area Code & Daytime Telephone Nun	iber)
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. SONIA D CELPA	, hereby resign as
of R&S MEDICAL SERVICES	(Title)
	e of Corporation)
P11000001444 (Document Number, if known)	a corporation organized under the laws of the State of
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