8/17/2016 ,

Division of Corporations



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To:

Division of Corporations

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: (850)617-6380

From:

Account Name

: GULATI LAW

Account Number : I20130000014

Phone

(407)900-5054

Fax Number

; (407)517-4931

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN FLORIDA MEDICAL TRANSPORT INC.

| Certificate of Status | 0 |
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: FLORIDA MEDICAL TRANSPORT INC. | |
|--|--|
| (Name of Corporation) DOCUMENT NUMBER: P12000096484 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing | |
| Please return all correspondence concerning this matter to the following: | |
| Sarah Gulati, Esq. | |
| (Name of Person) | |
| Gulati Law, P.L. | |
| (Name of Firm/Company) | |
| 479 Montgomery Place | |
| (Address) | |
| Altamonte Springs, FL. 32714 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Sarah Gulati, Esq. at (407)900-5054 (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(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