

P130000011870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

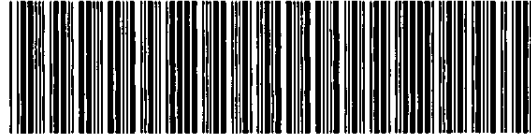
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 29 AM 6:08

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C McNAIR

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAMERICA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000011870

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

Please return all correspondence concerning this matter to the following:

**CALIN POPOVICI**

(Name of Person)

**POPOVICI CHOULIAREAS ATTORNEYS AT LAW**

(Name of Firm/Company)

**301-4999 SAINTE-CATHERINE STREET WEST**

(Address)

**WESTMOUNT, QUEBEC, CANADA, H3Z1T3**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CALIN POPOVICI**

(Name of Person)

at ( **514** ) **486-6888**

(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

FILED  
15 MAY 29 AM 6:08  
STATE  
TALLAHASSEE, FLORIDA

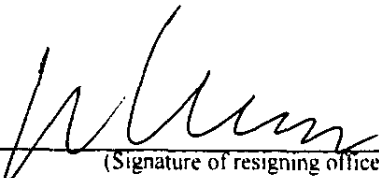
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHAEL GRAZIANO, hereby resign as OFFICER/DIRECTOR  
(Title)

of MEDICAMERICA INC  
(Name of Corporation)

P13000011870, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**15 MAY 29 AM 6:08**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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