

P13000047756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

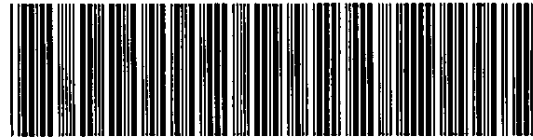
(Document Number)

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TALLAHASSEE, FLORIDA

*Ra Resignation*

DEC 15 2016

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Connect 4 Medical Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000047756

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russo, Michael J

(Name of Person)

Medical Equipment Specialists

(Name of Firm/Company)

7695 SW Ellipse Way

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Russo

(Name of Person)

at ( 772 ) 777-8109

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

FILED  
16 DEC 12 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2016

MICHAEL J RUSSO  
MEDICAL EQUIPMENT SPECIALISTS  
7965 SW ELLIPSE WAY  
STUART, FL 34997

SUBJECT: CONNECT 4 MEDICAL CORP.  
Ref. Number: P13000047756

We have received your document for CONNECT 4 MEDICAL CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must have the signature of the resigning registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 916A00025349

RECEIVED  
16 DEC 12 AM 11:08  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Russo, Michael J

(Name of Registered Agent)

hereby resigns as Registered Agent for Connect 4 Medical Corp.

(Name of Corporation)

P13000047756

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Michael J Russo

(Signature of Resigning Agent)

If signing on behalf of an entity:

Connect 4 Medical Corp

(Typed or Printed Name)

Registered Agent

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

FILED  
16 DEC 12 AM 11:02  
STATE OF FLORIDA  
TALLAHASSEE

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314