

P150000Z4809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900289544529✓

09/15/16--01005--014 \*\*35.00

*0/D-Resign  
ST  
9/19/16*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 15 PM 2:42

FILED

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** H and B Medical Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000024809

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

Please return all correspondence concerning this matter to the following:

Craig Bachler  
(Name of Person)

H & B  
(Name of Firm/Company)

1008 72nd St NW  
(Address)

Bradenton FL 34209  
(City/State and Zip Code)

For further information concerning this matter, please call:

C R M at ( 941 ) 273-0545  
(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**

I, KAREN L Bachlen, hereby resign as CFO  
(Title)

of H And B Medical, Inc  
(Name of Corporation)

815000024809, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

K L Bachlen 9/7/16  
(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

FILED  
16 SEP 15 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA