

P18000094011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

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MAIL

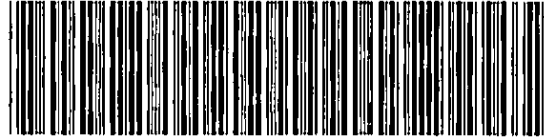
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AAA Medical Compliance Testing II INC  
(Name of Corporation)

DOCUMENT NUMBER: P 18000094011

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

Please return all correspondence concerning this matter to the following:

Barry Kalfin  
(Name of Person)

AAA Medical Compliance Testing II INC  
(Name of Firm/Company)

1100 S Federal Hwy  
(Address)

Boynton Beach FL 33435  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Kalfin at (561) 313 0000  
(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

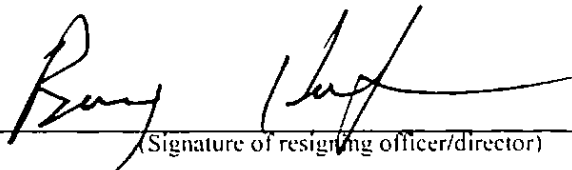
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Barry Kalfin, hereby resign as V.P.  
(Title)

of AAA Medical Compliance Testing II INC  
(Name of Corporation)

918000094011, a corporation organized under the laws of the State of  
(Document Number, if known)

FL.

  
(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

2019 JAN 16 AM 11:15  
FILING SECTION

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