79300003530

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
(0	,,	,		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
. (Do	cument Number)			
Certified Copies	Certificates	s of Status		
	-			
·**- ····		<u> </u>		
Special Instructions to	Filing Officer:			
		1		

Office Use Only



400073879014

05/12/06--01048--003 **35.00

of ref



SECRETARY OF STATE TALL AHASSEF FLORIO

COVER LETTER

TO:	Amendment So Division of Co				
	ECT:	WORLD	(Name of Corp	MEDICAL Oration)	Inc.
		BER: <u>P93</u>			
The e	nclosed Officer/I	Director Resignation	n for a Corporation	on and fee are sul	bmitted for filing
Please	e return all corres	spondence concerni	ng this matter to	the following:	
	Alberto	KOURY (Name of Person)	· · · · · · · · · · · · · · · · · · ·	_	
<u> </u>	JORLD PRIÚ	MPH MEDIC me of Firm/Company	AL INC.	_	
		74 Av (Address)		<u></u>	
<u>M</u>	iani, Fl	33155 y/State and Zip Code)	_	
For fu	rther information	n concerning this m	atter, please call:		
No	elson FAN	JADAS of Person)	at (305 (Area Co) 267-1 de & Daytime Tel	804 ephone Number)
Enclo	sed is a check fo	r \$35.00 made pava	ble to the Florida	Denartment of S	State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Alberto Koury , hereby resign as Secretary	Treasurer (ST)
of WORLD TRIUMPH MEDICAL, INC	· · · · · · · · · · · · · · · · · · ·
<u>P9300002530</u> , a corporation organized under the laws of the (Document Number, if known)	ne State of
Florida	
(Signature of resigning officer/director)	OG MAY 12 PH 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314