793000024925

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COVER LETTER

Divisio	on of Corporations	
SUBJECT:_	RS Medical, Inc.	_
	(Name of Corporation)	
DOCUMENT	NUMBER: P93000024925	_
The enclosed	Resignation of Registered Agent for a Corporation and fee are submitted fo	r filing
Please return a	all correspondence concerning this matter to the following:	
Gisela Fasc	· ·	
	(Name of Person)	
Broad and 0	Cassel	
	(Name of Firm/Company)	
2 South Bise	cayne Boulevard, 21st Floor	
	(Address)	
Miami, Flori	da 33131	
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)	
For further inf	formation concerning this matter, please call:	
Gisela Fasco	at (305) 373-9419	
	(Name of Person) (Area Code & Daytime Telephone Number)	<u>, </u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the prov	isions of sections 6	07.0502(2), 617.0502(2), 607.150)9, or 617.1509,
Florida Statutes, the	undersigned, B	& C Corporate Services, Inc.	
,	<i>U</i> , <u>——</u>	(Name of Registered A	gent)
hereby resigns as R	egistered Agent for	RS Medical, Inc.	
, ,		(Name of Corporation	n)
P93000024925			
(Document Nu	imber, if known)	'''	
A copy of this resig	nation was mailed t	o the above listed corporation at i	ts last known address.
The agency is termithis statement is file		discontinued on the 31st day after	er the date on which
_	Girela (Si	Jess Congrature of Resigning Agent)	
If signing on behalf	of an entity:		
· 	Gisela Fasco		
	(Typed or Printed Name)	08 JAN 30 ECRETARY LLAHASSI
	Vice President		N 3C TAR TASS
		(Capacity)	10 Y P
			D STATE LORID
	Fee for filin	g this document:	07
		tive corporation	Ð

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/