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	equestor's Name B - Way Address Address Phone	· / 9	700002 -04/1 **** Office Use 0	24869771 3/9801122006 *35.00 *****35.00
CORPORATION	NAME(S) & DOCU	MENT NUMBE	CR(S), (if known):	
. 1(Cor	poration Name)	(Docum	ent #)	
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	poration Name)	(Docum	ient#)	SECRETATION OF SECRETARIA
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Walk in Mail out NEW FILINGS	Pick up time Will wait AMENDME	Photocopy	Certified Copy Certificate of State	Zo
Profit	Amendment	N15		
NonProfit	Resignation of R	.A. Officer/ Director		* * ·
Limited Liability	Change of Regist			
Domestication		Dissolution/Withdrawal		
Other	Merger			
OTHER FILINGS	REGISTR	The state of the s		
Annual Report Fictitious Name	Foreign			·
Name Reservation	Limited Partners	hip	-	
	Reinstatement			/ 00
	Trademark		4-1	6-98
	Other			
CD4F071(1/05)			Examiner's Initials	CC



Florida Department of State, Jim Smith, Secretary of State

DINISION OF CORPORATIONS
98 APR 13 AHII: 31

RESIGNATION OF REGISTERED AGENT

Pursuant to the	e provisions of section	ns 607.0502(2) or 607	7.1509, Florida Statues, the
undersigned,	C T CORPORATION	SYSTEM	_ hereby resigns as
Registered Ag	(name of regis	stered agent) D MEDICAL SUPPLY, I	NC.
, , , , , , , , , , , , , , , , , , ,		(name of corporation	٦)
ORGANIZED UN	DER THE LAWS OF THE	E STATE OF	Florida
A copy of this address.	PO Box 3097 Baton Rouge, LA 7		corporation at its last known Law
			the 31st day after the date on
		-	SIGNATURE,

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation