

P94000062645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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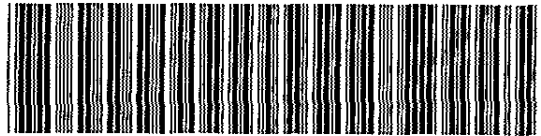
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIABETIC ASSISTANCE PROGRAM OF AMERICA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P9400002645

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

Please return all correspondence concerning this matter to the following:

MR. SANDY PALADINE

(Name of Person)

DIABETIC ASSIST. PROGRAM OF AMERICA, INC.

(Name of Firm/Company)

7837 W. SAMPLE ROAD, SUITE 125

(Address)

CORAL SPRINGS, FL. 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDY PALADINE

(Name of Person)

at (954) 227-6581

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANK P. SUESS, hereby resign as TREASURER
(Title)

of DIABETIC ASSISTANCE PROGRAM OF AMERICA, INC.
(Name of Corporation)

P94000062645, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
03 SEP 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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