

P95000016519

Requestor's Name

MED-CARE RESPIRATORY SUPPLIES

3600 S. St. Rd. 7 #4
Miramar, FL 33023

100002791171--7
-03/01/99--01146--017
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*off Res
3-3-99
DMS*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR - 1 AM 9:29

FILED

Examiner's Initials	
---------------------	--



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

99 MAR - 1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA
COUNTY OF BROWL.

I, Stacey Godfrey after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Laura Hernandez, hereby resign as President of
(Title)
Medicare Respiratory Supplies Inc., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 18 day of February

Notary Public
STACEY L GODFREY
State of Florida
My Comm. Exp: 08/17/01
Comm#: CC672376

NOTARY PUBLIC

Stacey Godfrey

My Commission Expires: 8/17/01

FILING FEE IS \$35.00