

P95000085068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

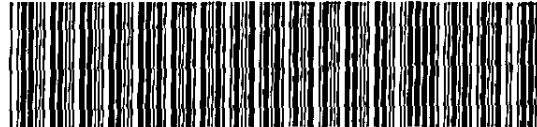
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000055898900

06/13/05--01018--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 JUN 13 AM 9:00

O/D resig.

JB
6/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sun Med Healthcare Providers, Inc
(Name of Corporation)

DOCUMENT NUMBER: P95000085068

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

Please return all correspondence concerning this matter to the following:

Phillip Rangel
(Name of Person)

Sun Med, Inc
(Name of Firm/Company)

1987 88TH Court, Suite 201
(Address)

Miami FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Rangel at 954-739-4449
(Name of Person) (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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 JUN 13 AM 9:00

I, Michael J MARTIN, hereby resign as Officer / Director
(Title)

of SunMed Healthcare Providers, Inc.
(Name of Corporation)

P95000085068, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

4/21/05

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