

P95000091110

JUAN C. DELGADO.
12401 W OKEECHOBEE RD #26
HIALEAH GARDENS FL. 33018

City/State/Zip

Phone #

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

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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-08/13/98-01057-017
*****35.00 *****35.00

FILED
98 AUG 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLL AUG 18 1998



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
98 AUG 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

I, Juan C. Delgado 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, Juan C. Delgado, hereby resign as President
Vice-President and
Sec Treasurer of
(Title)
E & D MEDICAL EQUIPMENT INC.
(Name of Corporation), a Florida corporation;

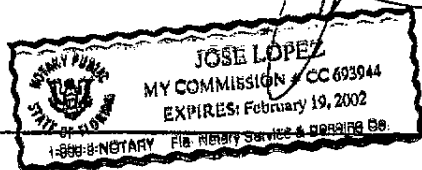
That the corporation has been notified in writing of the resignation.

X
Signature of resigning officer/director

Sworn to and subscribed before me this 10th day of Aug /98

NOTARY PUBLIC 245347767111

My Commission Expires:



FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E044 (7-90)