P95000094098

Requester's Name

Best Care Medical
Equipment
807 SW 25th Avenue
Ci Siute 301 A
Miami, FL 33135

Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

000005651940--8
-05/30/02--01045--012
*****35.00 *****35.00

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

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02 MAY 30 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ 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

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Sergio Perez, hereby resign as Vice President
(Title)

of Best Care Medical Equipment Inc
(Name of Corporation),

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

x _____
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)