

P960000001367

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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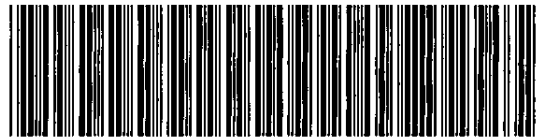
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORTHO MEDICAL EQUIPMENT CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000001367

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

Please return all correspondence concerning this matter to the following:

DICK CURBELO

(Name of Person)

ORTHO MEDICAL EQUIPMENT CORP

(Name of Firm/Company)

AVE. HIPODROMO #653 SUITE 101

(Address)

SAN JUAN, PR 00907

(City/State and Zip Code)

For further information concerning this matter, please call:

ISRAEL CABRERA

(Name of Person)

at ( 305 ) 228-2354

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

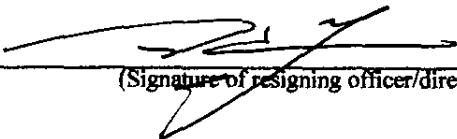
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DICK CURBELO, hereby resign as PRESIDENT  
(Title)

of ORTHO MEDICAL EQUIPMENT CORP.  
(Name of Corporation)

P96000001367, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
06 MAY 12 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314