P96000033577

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phon	e #)		
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TRANSMITTAL LETTER .

TO: Amendment Section Division of Corporations
SUBJECT: Har R Medical Services, Inc. (Name of Corporation) DOCUMENT NUMBER: P96000 33577
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Andy Ramparine (Name of Person)
H+R Medical Services, Inc (Name of Firm/Company)
3603 Commerce Blud Ste H
Rissimmee FL 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
Patricia Daughorty Egg. at (407) 518-7674 (Name of Person) at (407) 518-7674 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILLED SECKLEARY OF STATE DIVISION OF CORPORATIONS

16 JAN -8 PM 1: 12

, ANDY RAMNARINE	, hereby re	President/Vice President/Secretary/Tr	easurer/Director
7		(Title)	···
of H & R MEDICAL SERV	ICES, II	NC.	_
(Name of Corpor	ation)		,
P9600033577 (Document Number, if known), a corp	poration organ	nized under the laws of the State	e of
FLORIDA ef	'fective	September 23, 3	2015.
£2=			

FILING FEE IS \$35.00

Signature of resigning officer/director)

Andy Ramparime

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

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