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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

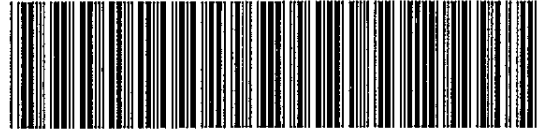
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ALLAHU, S. FLORIDA

03 SEP 18 PM 3:56

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMP MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CHRISTINE PIASCIK
(Name of Person)

B+B HEALTHCARE SERVICES
(Name of Firm/Company)

16 NE 2nd Ave
(Address)

DEERFIELD BCH. FL, 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK PIASCIK at (954) 343-8722
(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

I, CHRISTINE PIASCIK, hereby resign as VICE PRESIDENT
(Title)

of AMP MEDICAL, INC.
(Name of Corporation)

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

FLORIDA

Christine Piascik
(Signature of resigning officer/director)

FILED
03 SEP 18 PM 3:56
TALLAHASSEE, FLORIDA

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