

P96000086867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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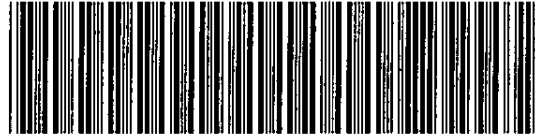
(Business Entity Name)

(Document Number)

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AND  
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07 APR 11 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off. Resign.*

G. G. G. APR 13 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CCA Medical Equipment Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000086867

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

Please return all correspondence concerning this matter to the following:

Carlos Alonso  
(Name of Person)

CCA Medical Equipment, Inc.  
(Name of Firm/Company)

6964 SW 47 ST.  
(Address)

Miami, FL. 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Alonso at ( 786 ) 488-6524  
(Name of Person) (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

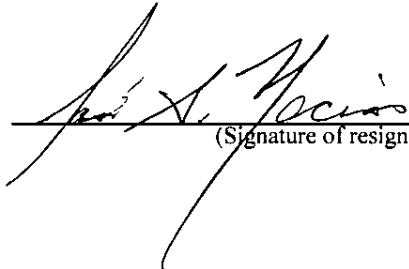
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jose G. Macias, hereby resign as Vice-President  
(Title)

of CCA Medical Equipment, Inc.  
(Name of Corporation)

P96000086867, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

APPROVED  
AND  
FILED  
07 APR 11 AM 9:56  
SECRETARY OF STATE  
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