P98000040368

(Requestor's Name)						
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(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FZ medical Supply Inc. (Name of Corporation) P98 0000 40368
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Helen Fretwell (Name of Person)
EZ Medical Supply hc. (Name of Firm/Company)
H510 Bayview Dr. (Address)
Ft. Lauderdale FL 33308 (City/State and Zip Code)
For further information concerning this matter, please call:
Helen Fretwell at (954)958,9338 (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

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ALL AMASSEE, FLORIDA

I, _	Robert Krebs	, 1	nereby resign as_	President	
			•	(Title)	
of_	Et medical Su (Nan	ne of Corporation)	(C ·		,
(.	98000040368 (Document Number, if known)	, a corporat	ion organized und	der the laws of the State of	
	Monda	•			
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FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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