

P98000059205

Requester's Name

Safille
12701 Kapok Lane
Davie, FL 33330

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **200003204772--9**
-06/26/00--01119--005
****105.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 JUN 26 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Spayne
OLD
Res.
7/6/00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

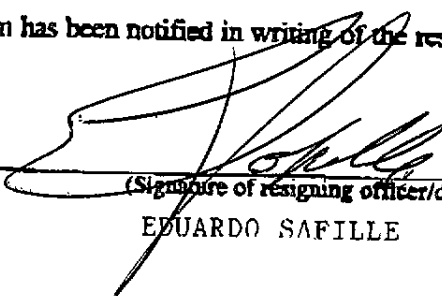
FILED
00 JUN 26 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, EDUARDO SAFILLE, hereby resign as officer/director
(Title)

of MEDICAL MANAGEMENT WHOLESALE CORP.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)
EDUARDO SAFILLE

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314