

P99000055402

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACTIVE MEDICAL SUPPLY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000055402

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

Please return all correspondence concerning this matter to the following:

Nelson D. Stone

(Name of Person)

ACTIVE MEDICAL SUPPLY, INC.

(Name of Firm/Company)

1416 E. Fletcher Avenue

(Address)

Tampa, FL 33612

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson D. Stone

(Name of Person)

at ( 407 ) 908-6466

(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**

**FILED**

**07 JUL -9 AM 9:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Don Huling, hereby resign as Officer and Director  
(Title)

of ACTIVE MEDICAL SUPPLY, INC  
(Name of Corporation)

P99000055402, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**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