

P990000076401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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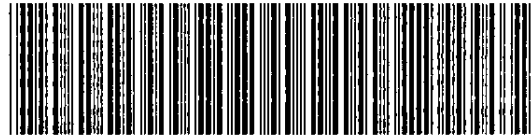
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 8:32

DD/RES
@ 3/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Midland Medical Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P99000076401

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Paul K. Schrier
(Name of Person)

Paul K. Schrier
(Name of Firm/Company)

11098 Biscayne Boulevard Suite 208
(Address)

Miami, Florida 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Schrier at (305) 308-4409
(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

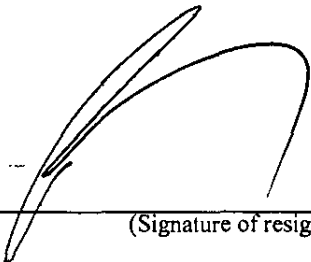
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Paul K. Schrier, hereby resign as Director
(Title)

of Midland Medical Incorporated
(Name of Corporation)

P99000076401, 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

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