

S 85631

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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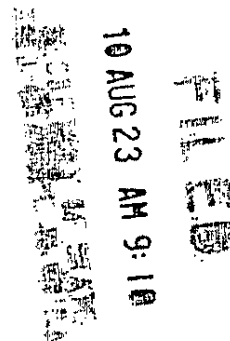
Special Instructions to Filing Officer:

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08/23/10--01014--020 **35.00



O/D Resign.

8/26/10

Dc

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tammy D Arnold, hereby resign as President
(Title)

of T.A.D. Universal Medical Systems, Inc.
(Name of Corporation)

585631, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Tammy D Arnold
(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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10 AUG 23 AM 9:10