

PO7000088902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

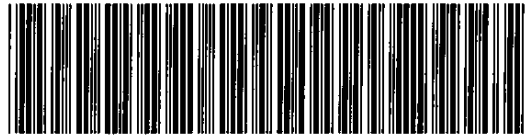
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Office Resign
Evan Murphy
1/3/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Above Comfort Non-Emergency Medical Transport, Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000088902

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

Please return all correspondence concerning this matter to the following:

DERICK BUESING
(Name of Person)

Above Comfort Non-Emergency Medical Transport, Inc
(Name of Firm/Company)

4100 CORPORATE SQUARE #116
(Address)

NAPLES, FL 34104
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK Arcia at (239) 455-7700
(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, DERICK BUESING, hereby resign as VICE PRESIDENT
(Title)

of ABOVE COMFORT NON-EMERGENCY MEDICAL TRANSPORT, INC
(Name of Corporation)

P07000088902, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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