P05000071755

(Re	equestor's Name)			
(Address)				
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	ty/State/Zip/Phone	- #\		
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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officed Resignation TB

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COVER LETTER

TO:	Amendment Section Division of Corporatio	ns		
SUBJ	ECT: INFORMATIVA	TU SALUD,	INC Name of Corpora	ation)
DOC	UMENT NUMBER:	P050000717	•	ation)
		Resignation for	or a Corporation	and fee are submitted for filing.
	e return all corresponden	_	-	· ·
		· ·	inis matter to th	e following.
	MON E. ROSARIO	of Person)		
	·	ŕ		
RR A	ACCOUNTING & TAX	SERVICES rm/Company)		
040	·	mir Company)		
219	3 GRANGER AVE	iress)		
	•	iress)		
KISS	SIMMEE, FL 34746		·	
		nd Zip Code)		
For fu	orther information concer	ning this matte	er, please call:	
RAM	ON E. ROSARIO		at (407	922-8899 & Daytime Telephone Number)
	(Name of Perso	n)	(Area Code	& Daytime Telephone Number)
Enclo	sed is a check for \$35.00) made payable	to the Florida I	Department of State.
Amen Divisi Clifto 2661	de Address: de d	Amend Divisio Post Of	g Address: ment Section n of Corporation ffice Box 6327 issee, FL 32314	
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	STEEL SELECTION OF THE	n : :		
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CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 JUN 21 AM 11: 31
TALLAHASSEE. FLORIDA

_{I,} NANCY SANCHEZ	, hereby resign as VICE-PRESIDENT
	(Title)
of INFORMATIVA TU SALUD, IN	C.
(Name o	f Corporation)
P05000071755	, 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