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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: SANUS HEALTH SY	STEMS, INC.	ation)	= - ,,,
DOCUMENT NUMBER: P060			
The enclosed Officer/Director Resig		and fee are submitted for filing.	. Fee
Please return all correspondence cor	ncerning this matter to th	e following:	·
GODWIN W. ESHESIMUA			
(Name of Perso	on)		// = · 4 ·
SANUS HEALTH SYSTEMS, IN (Name of Firm/Coa		n en	E.
1395 BRICKELL AVE. SUITE 6: (Address)	30	4	
MIAMI, FLORIDA 33131 (City/State and Zip	Code)		** · · · • · · · · ·
For further information concerning t	this matter, please call:		
GODWIN W. ESHESIMUA	at (305	586-1692	
(Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check for \$35.00 made	e payable to the Florida I	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 Corporation Post Office Box 6327 Tallahassec, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ALFRED DAMUS	, hereby resign as_	DIRECTOR	3
**		e .	(Title)
of SANUS HEALTH SYSTEMS			
(Nam	e of Corporation)		Appen to
P06000031111 (Document Number, if known)	, a corporation organized un	der the laws o	of the State of
FLORIDA	······································	\$ -\$ ·	·- w
	Macalla (Signature of resigning officer/direc	tor)	· · · · · · · · · · · · · · · · · · ·

FILING FEE IS \$35.00

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: RIDA

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314