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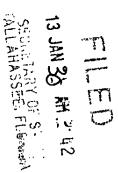
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COVER LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: NHS Health Solutions, Ir	
(Name of Corporation	on)
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Jeffrey DiGenova	
(Name of Person)	
NHS Health Solutions, Inc.	
(Name of Firm/Company)	
51 Planters Wood Drive	
(Address)	
Hilton Head Island, SC 29928	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jeff DiGenova at (843	683-6477
	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 . . .

•		07.0502(2), 617.0502(2), 607.1	509, or 617.1509,
Florida Statutes, the	undersigned, Cliff	ford J. Hunt	
		(Name of Registered	Agent)
ereby resigns as Registered Agent for NHS Health Solutions, Inc.			
		(Name of Corporat	ion)
P1200002112	21		
(Document Num	nber, if known)	_	
A copy of this resign	ation was mailed to	the above listed corporation a	t its last known address.
The agency is termin this statement is filed		discontinued on the 31st day at	ter the date on which
If signing on behalf of	of an entity:	gnature of Resigning Agent)	
	(Typed or Printed Name)	
			Sun -
			£
		(Capacity)	MASSEE OF THE PROPERTY OF THE
	Fee for filin	g this document:	<u></u> 9
		ive Corporation	42
		ministratively dissolved/volunta	rily dissolved/ 🗒

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation