(FAX)

P.001/002 Page 1 of 2

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000047171 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number: 076376001447

: (561)832-5900

Fax Number : (561)833-4209

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN HIPPOCRATES HEALTH INSTITUTE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

- Electronic Filing Menu ps: Hefile stimbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

Help

H15000047171 3 OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Michele Riel	hereby resign as Director (Title)					
ு Hippocrates Health	Institute, Inc.					
N31746 (Document Number, If known) Florida	(Name of Corporation), a corporation organized under the laws of the State of					
	15 FEB 24 AH 4: 28 SLOPENANY BY STATE IALLAHASSEE FLORIO; Managame of resigning viacety income.					

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