

P15000004775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Net Health Affiliates Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P1500004775

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

Please return all correspondence concerning this matter to the following:

Lisa R Hubert  
(Name of Person)

Net Health Affiliates Inc  
(Name of Firm/Company)

8520 US Highway 1 G-7  
(Address)

MICCO FL 32976  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa R Hubert at (954) 240 0129  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

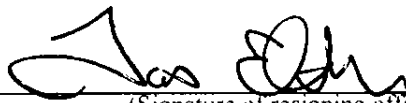
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, James Elder, hereby resign as VP  
(Title)

of Net Health Affiliates, inc.  
(Name of Corporation)

P15000004775, 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

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SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
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