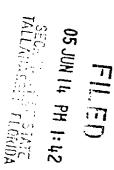
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	s
SUBJECT: _Sweetwater Hea	Ith Center, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:5	22465
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Jaime Vasquez	
(Name of	Person)
Sweetwater Health Center,	Inc.
(Name of Firm	(Company)
320 SW 109 Avenue	
(Addre	ess)
Miami, FL 33174	
(City/State and	Zip Code)
For further information concern	ing this matter, please call:
Jaime Vasquez	at (305) 401-9262 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade 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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Į. Elsa Gonzalez	, hereby resign as President and Director (Title)
	(Title)
of Sweetwater Health Center, In-	> .
	of Corporation)
522465	, 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 SECRETABY OF STATE