

FD 30000000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

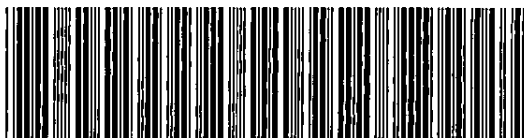
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CONSUMER HEALTH CHOICE ASSOCIATION, INC.

8201 Peters Road, Suite 1000
Plantation, Florida 33324
Phone: (954) 916-2601

November 2, 2007

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Officer/Director Resignation
Document Number F0300000321

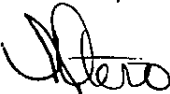
Dear Sir/Madam,

Enclosed please find Cover Letter and Resignation form, along with check #002193 in the amount of \$35.00 filing fee, a Federal Express return airway bill and envelope are also included for the return of documents.

We may be reached at (954) 453-7450, Ext. 487, should you have any questions or require additional information.

Thanking you in advance for your assistance.

Sincerely,



Lillian Otero
Legal Secretary

/lo

Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consumer Health Choice Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000000321

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

Please return all correspondence concerning this matter to the following:

Janis L. Rosenthal, Esq.

(Name of Person)

Consumer Health Choice Association, Inc.

(Name of Firm/Company)

8201 Peters Road, Suite 1000

(Address)

Plantation, Florida 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Janis Rosenthal, Esq.

(Name of Person)

at (954) 375-1366 x 259

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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 Corporations
Post Office Box 6327
Tallahassee, FL 32314

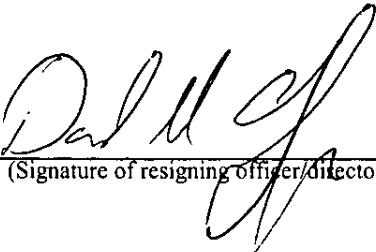
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David Gumbinger, hereby resign as Director
(Title)

of Consumer Health Choice Association, Inc.
(Name of Corporation)

F03000000321, a corporation organized under the laws of the State of
(Document Number, if known)

Missouri


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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