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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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2012 JUN 29 AM 8: 28
SECRETARY OF STATE
ALLAHASSEE FLORID

1/5/12

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:
A. Robert Del Giacco
(Name of Person)
Consumer Health Choice Association, Inc.
(Name of Firm/Company)
8491 W. Commercial Blvd.
(Address)
Tamarac , FL 33351
(City/State and Zip Code)
For further information concerning this matter, please call:
Rob Del Giacco at (954) 975-8860 (Area Code & Daytime Telephone Number)
(Name of Person) (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 29 AM 8: 28 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE FLORIDA

Carlos M. Herrera	, hereby resign as President / Director
·	(Title)
of Consumer Health Choice	
G	Name of Corporation)
F03000000321	, a corporation organized under the laws of the State of
(Document Number, if known)	
Missouri	
	•
	adull_
	(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