## F03000002659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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## **CT** CORPORATION

April 6, 2005

RE: HEALTHESSENTIALS SOLUTIONS, INC. (DE.DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in amount of <u>\$87.50</u> to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Senior Supervisor & Assistant Secretary

TA/lk Enclosure 05 APR 15 AM 10: 5

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of sections of	07.0302(2), 017.0302(2), 007.1309, 0101	7.1309,		
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM			
	(Name of Registered Agent)			-
hereby resigns as Registered Agent for	HEALTHESSENTIALS SOLUTIONS, INC	•		
nereby rosigns as registered right for	(Name of Corporation)			<b>→</b>
F03000002659	-			
(Document Number, if known)	<del>_</del> .			
A copy of this resignation was mailed to	o the above listed corporation at its last kn	own ad	dress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	e on wh ≥⊆	nich Š	
Sla		CRETAL LAHAS	5 APR 15	
(Si,	gnature of Resigning Agent)	RY C		1
If signing on behalf of an entity:	$\mathcal{U}$	)F ST/	AM IO:	D
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	RIDV	<del>5</del> 8	
	Typed or Printed Name)	-		
ASS	SISTANT SECRETARY			
	(Capacity)	•		

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314