## F10000001090

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<del></del>
(Ci	ty/State/Zip/Phon	e #)
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2010 DEC 13 AM 11: 0.7 SECRETARY OF STATE TALL AHASSEE, FLORID,

off. Resign.

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## **COVER LETTER**

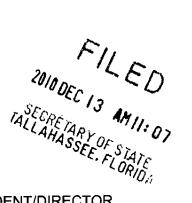
**TO:** Amendment Section Division of Corporations

SUBJECT: STEM CELL ASSURANCE, INC.
(Name of Corporation)
DOCUMENT NUMBER: F10000001090
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RICHARD M. PROODIAN
(Name of Person)
STEM CELL ASSURANCE, INC.
(Name of Firm/Company)
200 GLADES ROAD SUITE 2
(Address)
BOCA RATON, FLORIDA 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD M. PROODIAN  at (561) 362-4142  (Name of Person) (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 FOR A CORPORATION



I, GLORIA J. McCONNELL	, hereby resign as	PRESIDENT/DIRECTOR (Title)
of STEM CELL ASSURANCE, INC	Corporation)	,
F10000001090 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of
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