F13000003731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: F13000003731

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

Please return all correspondence concerning this matter to the following:

MARK BAKER
(Name of Person)

THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES, INC
(Name of Firm/Company)

14701 VISTA VERDI RD [redacted]
(Address)

DAVIE FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK BAKER at (954) 476-6769
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made 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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MARK BAKER, hereby resign as president
(Title)

of THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES INC
(Name of Corporation)

F13000003731, a corporation organized under the laws of the State of
(Document Number, if known)

North Carolina / FLORIDA

Mark Baker
(Signature of resigning officer/director)

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2013 DEC 31 PM 12:25
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