

F14000003417

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EXCELM HEALTH SOLUTIONS, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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O/D Resign

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ExcelM Health Solutions, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F14000003417

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

Please return all correspondence concerning this matter to the following:

Oswaldo F. Torres

(Name of Person)

Torres Law, P.A.

(Name of Firm/Company)

888 SE 3rd Avenue, Suite 400

(Address)

Fort Lauderdale, Florida 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Oswaldo F. Torres

(Name of Person)

at (**754**) **300-5815**

(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

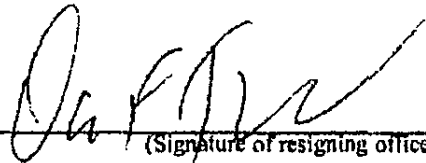
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Osvaldo F. Torres, hereby resign as Secretary
(Title)

of ExcelM Health Solutions, Inc.
(Name of Corporation)

F14000003417, a corporation organized under the laws of the State of
(Document Number, if known)

Delaware *Effective January 1, 2015*


(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

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