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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: SUNHEALTH THERAPEUTICS, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: F190000	00006		
The enclosed withdrawal application and fe	e are submitted for fi	ling.	
Please return all correspondence concerning to matter to the following:	his		
Nancy Gold			
	(Name of Person)		
Law Offices of Gold & Parado			
	(Firm/Company)		
9200 South Dadeland Boulevard, Ste 208			
	(Address)		
Miami, FL 33156			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Nancy Gold	at (305)6	667-0475	
(Name of Person) Enclosed is a check for the amount:		le & Daytime Telephone Number)	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified	
MAILING ADDRESS:		STREET ADDRESS:	
Amendment Section Division of Corporations		Amendment Section	
P.O. Box 6327		Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

SUNHEALTH THERAPEUTICS, INC.

F1900000006

(Document Number of Corporatio	n (if known)
Delaware	
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of protein the time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The following is a current mailing address for the corporation:	
9200 South Dadeland Blvd, S	Ste 208
(Mailing Address)	LA MAY
Miami, FL 33156	HASS
(City/ State /Zip)	E D D D
The corporation agrees to notify the Department of State in the f	
(Signature of a directory desident or other officer - if in the hands of a receiver or other countappointed fiduciary, by that fiduciary)	(Date)
Miles Gilman	DPST
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35