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DIVISION OF REVENUE
03 FEB 21 PM 4:44

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

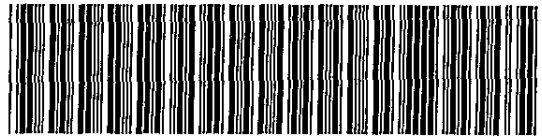
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/21/03--01006--016 **105.00

R.A. Resig.

V SHEPARD FEB 26 2003

CT CORPORATION SYSTEM

February 14, 2003

RE: HEALTHSCREEN AMERICA, INC.
J.A. & G., INC.
LAWRENCE STAFFERS, INC.

(DE. DOM.)
(LA. DOM.)
(LA. DOM.)

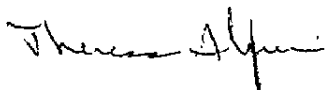
Secretary of State
Corporate Records Bureau
Division of Corporation
109 East Gaines Street
Tallahassee, Florida 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also is 1 check in the amount of \$105.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM



Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA: il
enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO
03 FEB 21 PM 4:44

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CT CORPORATION SYSTEM

(Name of registered agent)

LAWRENCE STAFFERS, INC.

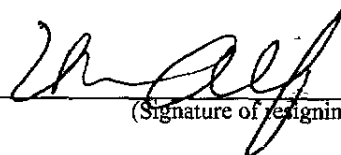
(LA. DOM.)

hereby resigns as Registered Agent for

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

CT CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314