F98000004358

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	LLAHAP 2
SUBJECT: HEALTH HERO	
(Name of corp	oration)
DOCUMENT NUMBER:	LORIO LORIO PIO
The enclosed withdrawal application and fee are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	0000045948204 -11/27/0101039001 *****35.00 *****35.00
HERLTH HEED NETWORK (Firm/Company)	**************************************
2570 W. EL CAMINO PEAR, STE (Address)	· 100
(City/State and Zip code)	<u> </u>
For further information concerning this matter, plea	se call:
KEVIN McCvasy at (Name of Person)	(G50) 559 1072 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

HENLTH HORO NETWORK, INC
~
(Incorporated Under Laws Of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation: 2570 W. EL CAMINO REAL STE III
2570 W. EL CAMINO REAL, STE III OF NO Mailing Address)
(Mailing Address)
MOUNTAIN VIEW CA 94040 FLORIDE TO City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Signature of the chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.
KEVIN McCvksy 11/21/0/ Typed or printed name Date