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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THE BIASENSI HEALTH ENDOWMENT, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>F 99 000 000 638</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JANET L KETZ
(Name of Person)
THE BASENSI HEACTH ENDOWNENT, INC (Firm/Company)
(Firm/Company)
34025 WEST RIVER RD (Address)
(Address)
City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
TAJET L KETZ at (8/5) 325-5908 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount: -70 FLORIDA DEPARTMENT OF STATE
\$35 Filing Fee \$43.75 Filing Fee \$\$43.75 Filing Fee \$\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
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