

NO1000007742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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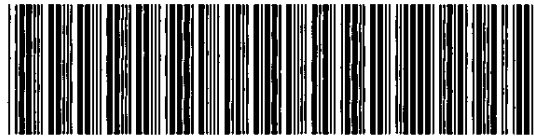
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 07 2006

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Care Solutions Network, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N01000007742

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

Please return all correspondence concerning this matter to the following:

ARMANDO GONZALEZ

(Name of Person)

HEALTH CARE SOLUTIONS NETWORK, INC.

(Name of Firm/Company)

19355 S. DIXIE HWY.

(Address)

MIAMI, FL. 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

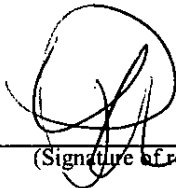
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tom Layman, hereby resign as Officer/Director
(Title)

of Health Care Solutions Network, Inc.
(Name of Corporation)

N01000007742, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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