

NO2000003909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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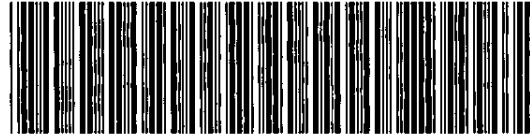
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Renaissance Health Foundation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000003909

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

Please return all correspondence concerning this matter to the following:

David Nissen

(Name of Person)

Renaissance Health Foundation, Inc.

(Name of Firm/Company)

625 Virginia Drive

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

David Nissen

(Name of Person)

at ( 407 ) 896-2636

(Area Code & Daytime Telephone Number)

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

**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


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Tim Nissen, hereby resign as Member, Board of Directors  
(Title)

of Renaissance Health Foundation,  
(Name of Corporation)

N02000003909, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

 Date: 2013.10.25 09:37:11  
-04'00'  
(Signature of resigning officer/director)

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13 OCT 28 PM 3:15  
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