N090008405

| (Requestor's Name) | | | | | |
|---|-----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| (1000 | ournent Number) | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



100188418811

12/10/10--01026--003 **35.00

TALLAHASSEE, FLORIUM

D1Res

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Mark | Gills | | , hereby resign as | President (Title) |
|----|----------------------|------------------------|---------------------------|---------------------|---------------------------------------|
| of | | Remedia | Chure c of Corporation | h, Inc. | · · · · · · · · · · · · · · · · · · · |
| | 90000 ument Numbe | 0 8405 r, if known) | , a corpora | ation organized und | er the laws of the State of |
| | Florida | - | <u></u> . | | |
| | | | | | |

(Signature of resigning officer/director)

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