

N.14 DDDDD6641

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hand Up Healthcare, Inc
(Name of Corporation)

DOCUMENT NUMBER: N14000006641

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

Please return all correspondence concerning this matter to the following:

Dr. Michael Hennings

(Name of Person)

Hand Up Healthcare, Inc

(Name of Firm/Company)

3662 SW 30th, Ste 2

(Address)

Palm City, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Michael Hennings at (772) 220-5880

(Name of Person)

(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, Susan Schumm, hereby resign as Director
(Title)

of Hand Up Healthcare, Inc
(Name of Corporation)

N14000006641, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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