

P.00000036452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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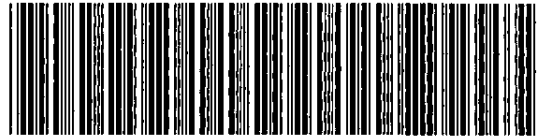
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER  
10/13/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doctor's Choice Companies, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

J. Kenny Jones

(Name of Person)

Doctor's Choice Companies, Inc

(Name of Firm/Company)

223 Shorewood Way

(Address)

Jupiter, Florida 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Kenny Jones

(Name of Person)

at ( 561 ) 746-2102

(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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

10/15/94 10:00 AM

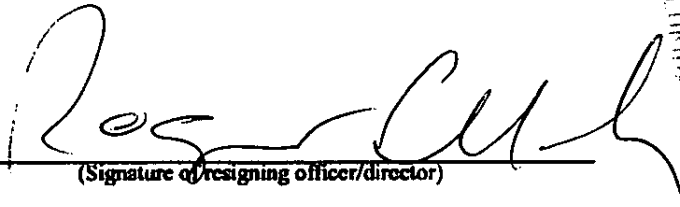
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROGER SELAH, hereby resign as DIRECTOR  
(Title)

of Doctor's Choice Companies, INC  
(Name of Corporation)

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

FLORIDA

  
(Signature of resigning officer/director)

FILED  
08 OCT -6 PM 1:14  
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