P000004/46/

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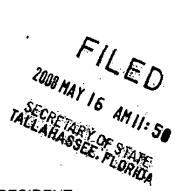
COVER LETTER

BEAT OF LIFE HEALTH SYSTEM, INC. (Name of Corporation) P00000041461 **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: ROSEMARIE BACALLAO, P.A. (Name of Person) ROSEMARIE BACALLAO, P.A. (Name of Firm/Company) 1699 CORAL WAY, SUITE 315 (Address) MIAMI, FLORIDA 33145 (City/State and Zip Code) For further information concerning this matter, please call: ROSEMARIE BACALLAO, ESQ. 305 858-7452 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Division of Corporations Amendment Section **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, JORGE L. RIVAS	, hereby resign as VICE-PRESIDENT
	(Title)
$_{ m of}$ BEAT OF LIFE HEALTH SYSTEM	INC.
(Name of Co	rporation)
P0000041461 , a id	corporation organized under the laws of the State of
FLORIDA	
-	
See Sign	reture attached.

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

RESIGNATION

Gentlemen or Madam:

I hereby tender my resignation as Director, and Vice-President of **BEAT OF LIFE HEALTH SYSTEMS, INC.,** a Florida corporation, to take effect at the conclusion of the meeting of the Board of Directors at which this resignation is accepted.

DATED: <u>April 18, 2008</u>

JORGE L. RIVAS