

PO10000044630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Resignation
of Officer*

07/06/10--01007--026 **35.00

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2010 JUL -6 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
7/7/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Keystone Wellness Center, Inc
(Name of Corporation)

DOCUMENT NUMBER: P0100004430 / FEI/EIN 651112565

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

Please return all correspondence concerning this matter to the following:

RYAN A FISHER
(Name of Person)

Keystone Wellness Center
(Name of Firm/Company)

12405 BISCAYNE BLVD
(Address)

NO MIAMI FL 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

DR RYAN FISHER at (305) 893 8822
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2010 JUL -6 PM 12:18

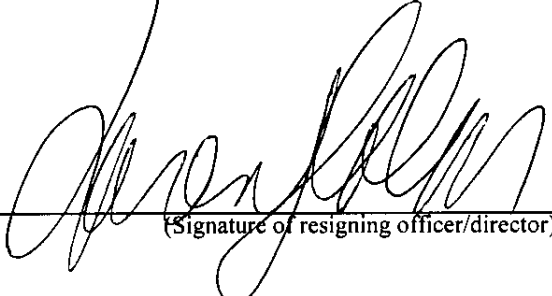
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lauren J Kolman, hereby resign as DIRECTOR / PRESIDENT
(Title)

of Keystone Wellness Center, Inc.
(Name of Corporation)

PO1 0000 44630, 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