POIDDO	07,6624
Requester's Name  2502 5. CCCIN  Address  City/State/Zip Phone #	2 M. S. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1(Corporation Name)	(Document #)  0000047626403  -01/09/0201045025
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other ☐ Other
	Examiner's Initials

OIVISION OF TARY OF STATE OF AM 9: 30

## OFFICER / DIRECTOR RESIGNATION

I, CHRIS DEPRETIS	, hereby resign as_	PRESIDENT (Title)		. · !:	 3*
of HEALTH AMERICA , C	CORP .	and the second s	<del></del> ,	· .	
a corporation organized under the laws of the	State of	FLORIDA	<del></del>	: W*	
and affirm that the corporation has been notif	fied in writing of the resi	. e=	7.6	· **;	e271
Dated January 3rd	2002	72		-1	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314