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(Requestor's Name)

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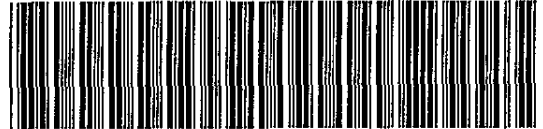
(Business Entity Name)

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10/15/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: International Health Providers, 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:

Ashly E. Welch
(Name of Person)

International Health Providers Inc.
(Name of Firm/Company)

1022 NW 8. St. Rd.
(Address)

Miami, FL 33136
(City/State and Zip Code)

For further information concerning this matter, please call:

William Marguizz at (305) 490-8612
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ashly E. Welch, hereby resign as President
(Title)

of International Health Providers, Inc.
(Name of Corporation)

_____, 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