

P020000076085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

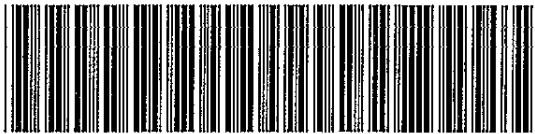
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN MAR 19 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DERMESSENTIAL, INC
(Name of corporation)

DOCUMENT NUMBER: P02000076085

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TUSHAR SHAH
(Name of person)

C/O LIFELINE MEDICAL, INC
(Name of firm/company)

22 SHELTER ROCK LANE
(Address)

DANBURY, CT 06810
(City/state and zip code)

For further information concerning this matter, please call:

TUSHAR SHAH at (203) 748-3806
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the 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**

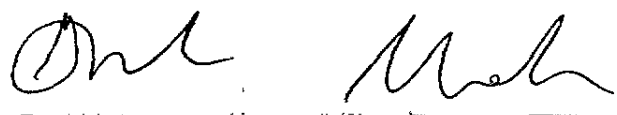
FILED
03 MAR 10 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, TUSHAR SHAH, hereby resign as DIRECTOR
(Title)

of DERMESSENTIALS, INC
(Name of Corporation)

P02000076085 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