

P03 000000511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

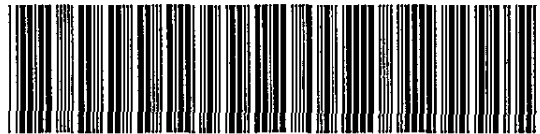
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300041703273

10/25/04--01012--019 **35.00

RS

RA Design

FILED
04 OCT 25 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH ADVANTAGE INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000000511

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Jo Spalinger
(Name of Person)

Business Filings Incorporated
(Name of Firm/Company)

8025 Excelsior Drive, Ste. 200
(Address)

Madison, WI 53717
(City/State and Zip Code)

For further information concerning this matter, please call:

same as above at (608) 827- 5300 x 254
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Business Filings Incorporated
(Name of Registered Agent)

hereby resigns as Registered Agent for Health Advantage Inc.
(Name of Corporation)

P03000000511

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mark Schiff, AVP
(Signature of Resigning Agent)

If signing on behalf of an entity:

Mark Schiff, AVP - Business Filings Incorporated

(Typed or Printed Name)

AVP

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILED
04 OCT 25 AM 8 11