P03000048670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthcare Plan of America, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000048670

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

Please return all correspondence concerning this matter to the following:

Christopher Heins
(Name of Person)

(Name of Firm/Company)

150 E Sample Road Suite 220
(Address)

Pompano Beach FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Heins at (954) 650-3062
(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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03 OCT 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Nancy Heins, hereby resign as Secretary
(Title)

of Healthcare Plan of America, Inc.
(Name of Corporation),

P03000048670
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

Nancy Heins
(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