

P03000053037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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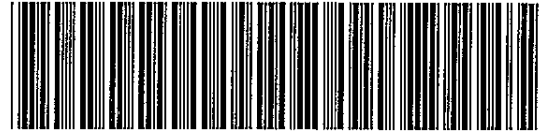
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

8:51 AM JUN 24 2005

(10)

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HEALING ROOM, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000053037

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

Please return all correspondence concerning this matter to the following:

NELIDA THOMAS

(Name of Person)

THE HEALING ROOM, INC.

(Name of Firm/Company)

6915 RED ROAD, SUITE 228

(Address)

CORAL GABLES, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

NELIDA THOMAS

(Name of Person)

at (305) 666-1992

(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**

I, MANUEL FERRO, hereby resign as VICE PRESIDENT
(Title)

of THE HEALING ROOM, INC.
(Name of Corporation)

P03000053037, 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

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