PU3000073638

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Sunned Health Care Network, INC (Name of Corporation)
DOCUMENT NUMBER: P03000073638
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alexander Tirado (Name of Person)
(Name of Firm/Company)
1987 NW 88th Court STE 201 (Address)
Miami FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
Alex Tirado at (305) 962-1789 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Alexander	Tirado	, hereby resign as	Directo	v	_
of			heare NC+we		- · · · · · · · · · · · · · · · · · · ·	
<u> </u>		638 ,ac	corporation organized und		te of	
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		(Signat	ure of resigning officer/director	or)	Y OF STATE	
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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