

P03000094041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

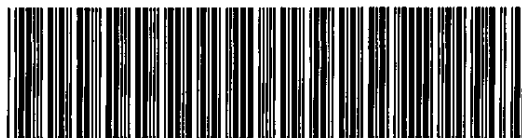
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 3:00

O/D Resign

08/31/06

Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Continental Health Network, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0300094041

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

Please return all correspondence concerning this matter to the following:

Ana T. Veliz
(Name of Person)

Ana T. Veliz, P.A.
(Name of Firm/Company)

2655 Le Jeune Road PH ^{1-D} ~~200~~
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana T. Veliz at (305) 446-7200
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

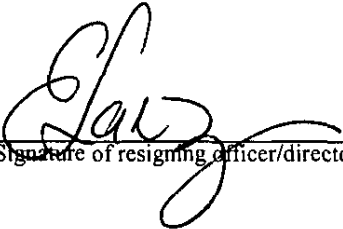
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ELIZABETH SANZ, hereby resign as Director and Vice President
(Title)

of Continental Health Network, Inc.
(Name of Corporation)

P03000094041, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 3:00