

PD3000096978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

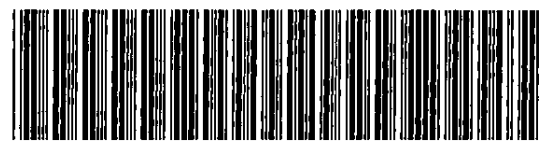
(Business Entity Name)

(Document Number)

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06/08/06--01041--006 \*\*35.00

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06 JUN - 8 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ps 6/4/06  
o/d los-

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATURAL THERAPIES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000096978

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

Please return all correspondence concerning this matter to the following:

XIAO Y. CHAN  
(Name of Person)

NATURAL THERAPIES, INC  
(Name of Firm/Company)

527 N. MILLS AVE  
(Address)

ORLANDO, FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

XIAO Y. CHAN at (407) 592-8102  
(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**

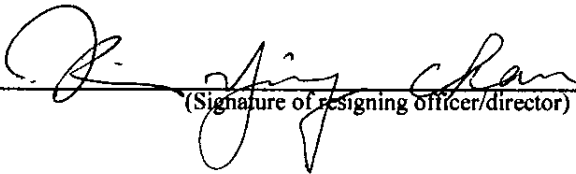
**FILED**  
06 JUN -8 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, XIAO V. CHAN, hereby resign as Vice President  
(Title)

of NATURAL THERAPIES, INC.  
(Name of Corporation)

PO3000096978, 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