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TRANSMITTAL LETTER

Weight Management Institute, Inc. (Name of Corporation) P03000128650 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Byron Davis (Name of Person) (Name of Firm/Company) 401 Fairway Drive, Suite 100 (Address) Deerfield Beach, FL 33441 (City/State and Zip Code) For further information concerning this matter, please call: Byron Davis (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION I, Byron Davis President Of Weight Management Institute, Inc. (Name of Corporation) P03000128650 (Document Number, if known) Florida OFFICER / DIRECTOR RESIGNATION AND SEE PROSE (Title) RW 33 (Title) RW 34 (Title) RW

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