

PD4000026089

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BETTER LIFE MEDICAL ASSISTANCE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000026089

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

Please return all correspondence concerning this matter to the following:

REIDY GONZALEZ

(Name of Person)

SAME AS ABOVE

(Name of Firm/Company)

1016 SW 1 ST

(Address)

MIAMI FL, 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

YELINA MAZON

(Name of Person)

at ( 305 ) 324 9924

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 21, 2004

REIDY GONZALEZ  
1016 SW 1ST  
MIAMI, FL 33130

SUBJECT: BETTER LIFE MEDICAL ASSISTANCE INC.  
Ref. Number: P04000026089

We have received your document for BETTER LIFE MEDICAL ASSISTANCE INC.. However, the document has not been filed and is being returned for the following:

The fee to resign as officer/director for a corporation is \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 504A00055675

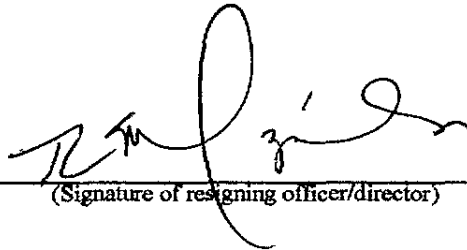
RECEIVED  
04 OCT -1 AM 9:34  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, REIDY GONZALEZ, hereby resign as PRESIDENT  
(Title)

of BETTER LIFE MEDICAL ASSISTANCE, INC.  
(Name of Corporation)

P04000026089, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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