

P04000026089

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C. Coulllette MAY 20 2005

## 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:

YELINA M ALVAREZ

(Name of Person)

BETTER LIFE MEDICAL ASSISTANCE INC

(Name of Firm/Company)

1016 SW 1st STREET

(Address)

MIAMI FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

YELINA M ALVAREZ

(Name of Person)

at ( 305 ) 970-3089

(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


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, YELINA M ALVAREZ, 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