

P04000060886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

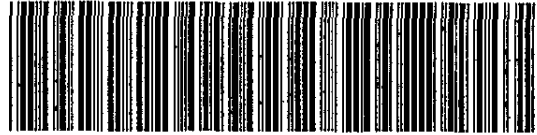
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039821372

08/06/04--01032--019 **43.75

FILED
04 AUG -6 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D resig

JB
8/11

July 22, 2004

Amendment Section
Division Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Madam

OCEAN HEALTH INSTITUTE INC., document number **P04000060886**. The enclosed Director Resignation for a Corporation and fee are submitted for filing and Certificate Copy.

Please return all correspondence concerning this matter to the following:

Name of Person: Cristina Rivera

Address: 5950 Lakehurst Dr Suite 246
Orlando, Fl 32819

For further information concerning this matter, please call:

Cristina Rivera at 407-898-1757

Enclosed is a money order for \$ 43.75 made payable to the Florida Department of State.


Cristina Rivera
Bookkeeper

FILED
04 AUG -6 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIRECTOR RESIGNATION FOR A CORPORATION

I, **HELMA MEIRA FARIAS**, hereby resign as **DIRECTOR VICE PRESIDENT** of **OCEAN HEALTH INSTITUTE INC.**, document number P04000060886, a corporation organized under the laws of the State of Florida.

The date of adoption of this resignation was: 07/22/2004

Signed this July 22, 2004



Helma Meira Farias