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	Change of Registered Agent
	Dissolution/Withdrawal
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OTHER FILNGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
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RESIGNATION OF OFFICER AND DIRECTOR **AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared, Emiliano Parra, who upon being first duly sworn, says the following:

- 1. That I, Emiliano Parra, have resigned as V/President and Secretary of Leonza Health Management Group Inc., a Florida Corporation.
 - 2. That the corporation has been notified in writing of the resignation.

FURTHER AFFIANT SAYETH NAUGHT.

Sworn to and subscribed before me this 25st day of October, 2004. The undersigned notary public specifies that the affix signature being notarized and that affiant personally appeared before the notary at the of notarization. Affiant is personally know or has furnished know or has furnished

as identification.

Notary Public , State of Florida

