

FD4000118528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

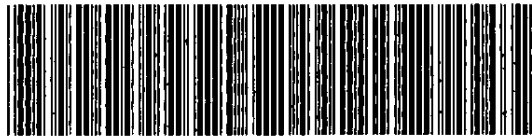
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 29 AM 11:39

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Handwritten signature/initials

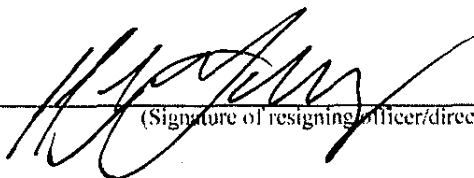
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jeffrey Galitz, hereby resign as Vice President/Officer/Director
(Title)

of Disease Networks, Inc.
(Name of Corporation)

P04000118528, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

RECEIVED
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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