

PO4000142039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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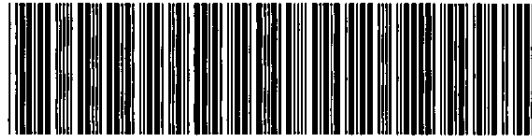
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/24/07  
DO

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTH SPECIALISTS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000142039

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

Please return all correspondence concerning this matter to the following:

GAIL KUJAWSKI

(Name of Person)

HEALTH SPECIALISTS, INC

(Name of Firm/Company)

1411 JOHN MOORE RD.

(Address)

BRANDON, FLORIDA 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL KUJAWSKI

(Name of Person)

at ( 813 ) 633-6108

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GAIL KUJAWSKI, hereby resign as PD- OFFICER  
(Title)

of HEALTH SPECIALISTS, INC.  
(Name of Corporation)

P04000142039, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*Gail Kujawski*  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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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