

P04000066142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

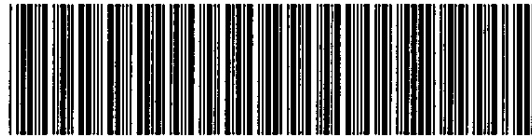
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DIVISION OF CORPORATIONS  
06 DEC 15 PM 1:49

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pro-Active Wellness II  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000166142

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

Please return all correspondence concerning this matter to the following:

Mark Smith  
(Name of Person)

Pro-Active Wellness II  
(Name of Firm/Company)

6545 Nova Drive Suite 208  
(Address)

Davie, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Lopez at (954) 423-4220  
(Name of Person) (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, Mark Smith, hereby resign as Director  
(Title)

of Pro-Active Wellness, II, INC.,  
(Name of Corporation)

P04000166142, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**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

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