

PD50000 11087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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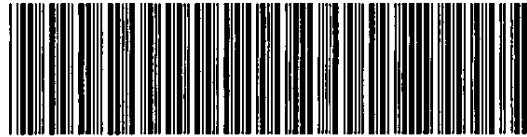
(Business Entity Name)

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2-12-13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH & LIFE MEDICAL SPECIALIST, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000011087

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

Please return all correspondence concerning this matter to the following:

P. Miguel Villalobos

(Name of Person)

Villalobos Law Firm

(Name of Firm/Company)

1705 Colonial Blvd. #C-4

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

P. Miguel Villalobos

(Name of Person)

at (239) 333-2033

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

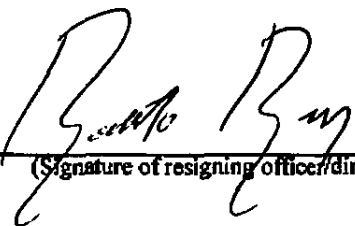
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Roberto Ruiz, hereby resign as President
(Title)

of HEALTH & LIFE MEDICAL SPECIALIST, INC.
(Name of Corporation)

P05000011087, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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13 FEB 11 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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