

P05000011927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

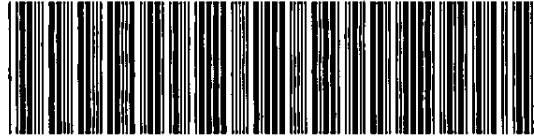
(Business Entity Name)

(Document Number)

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16 JUL 14 5M 9:15  
STATE  
CORPORATION  
DIVISION

JUL 25 2016

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

SECRET  
DIVISION OF CORPORATIONS  
16 JUL 14 24 9:56

**SUBJECT:** **Cinergy Health, Inc.**  
(Name of Corporation)

**DOCUMENT NUMBER:** **P05000011927**

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

Please return all correspondence concerning this matter to the following:

**Daniel Touizer**

(Name of Person)

(Name of Firm/Company)

**100 SE 3rd Ave, Ste 601**

(Address)

**Ft Lauderdale, FL 33394**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Daniel Touizer** at **(305) 934-7566**

(Name of Person)

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

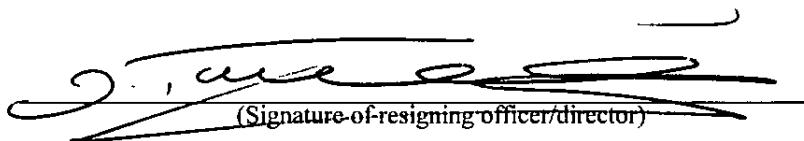
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Daniel Touizer, hereby resign as President  
(Title)

of Cinergy Health, Inc.  
(Name of Corporation)

P05000011927, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

RECEIVED  
DIVISION OF CORPORATIONS  
16 JUL 11 AM 9:57

**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