

P05000035638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

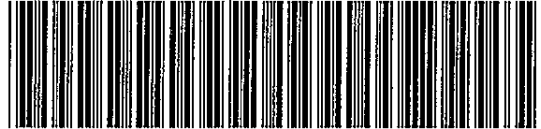
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

C. Coulllette MAY 13 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Better Health Therapy Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000035638

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

Please return all correspondence concerning this matter to the following:

Noemi Rivera

(Name of Person)

(Name of Firm/Company)

3625 West Kennedy Blvd.

(Address)

Tampa FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Noemi Rivera

(Name of Person)

at (813) 514-4478

(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

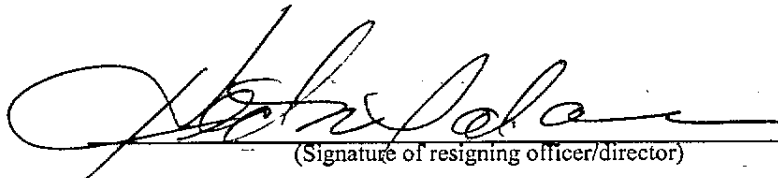
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hector Salas, hereby resign as Secretary / Treasurer
(Title)

of Better Health Therapy Center, Inc.
(Name of Corporation)

P05000035638, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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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