

P05000108377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

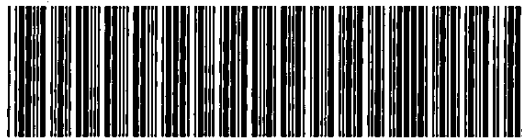
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign  
Jm 8/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Universal Center for Wellness, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** 900056303729 P05000108377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Rocha  
(Name of Contact Person)

Universal Center for Wellness, Inc  
(Firm/Company)

14125 NW 17 Ave.  
(Address)

Miami, FL 33167-1226  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Rocha at 305, 793-3930  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Melodie Torres, hereby resign as VP  
(Title)

of Universal Center For Wellness, Inc.  
(Name of Corporation)

PO5000108377  
900056303729, 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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