

PD500015206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

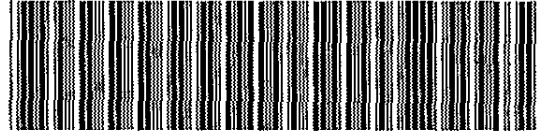
(Business Entity Name)

(Document Number)

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06 JUL 17 AM 10:00  
TALLAHASSEE, FLORIDA

OD/Res  
@ 7.24.06

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTHY PEOPLE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000152066

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

Please return all correspondence concerning this matter to the following:

PEDRO AQUINO  
(Name of Person)

HEALTHY PEOPLE INC  
(Name of Firm/Company)

7606 COCONUT CREEK CT  
(Address)

ORLANDO FL 32822  
(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO AQUINO at ( 407 ) 9248681  
(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, INGRID M GOMEZ, hereby resign as TREASURY  
(Title)

of HEALTHY PEOPLE INC  
(Name of Corporation)

PO5000152066, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
06 JUL 17 AM 10:00  
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