P05000152006

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		



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COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: HEALTHY PEOPLE	INC
	(Name of Corporation)
DOCUMENT NUMBER: PO50	000152066
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
PEDRO AQUINO	
(Name of Perso	(n)
HEALTHY PEOPLE INC	
. (Name of Firm/Cor	npany)
7606 COCONUT CREEK CT	
(Address)	
ORLANDO FL 32822	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
PEDRO AQUINO	at (407) 9248681 (Area Code & Daytime Telephone Number)
(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



July 24, 2006

PEDRO AQUINO HEALTH PEOPLE INC 7606 COCONUT CREEK CT. ORLANDO, FL 32822

SUBJECT: HEALTHY PEOPLE INC.

Ref. Number: P05000152066

We have received your document for HEALTHY PEOPLE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

President is listed as GRISELDA JUSTO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 506A00046914

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. GRISELDA JUSTO.	hereby resign as PRESIDENT
	(Title)
of HEALTHY PEOPLE INC	
	of Corporation)
PO5000152066 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	· · · · · · · · · · · · · · · · ·
	ignature 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