

P06000011998

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** True Healthsource Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000011998

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

Please return all correspondence concerning this matter to the following:

Todd Mortenson

(Name of Person)

True Healthsource Inc.

(Name of Firm/Company)

14863 Hawksmoor Run Cir.

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Mortenson

(Name of Person)

at ( 407 ) 924-7069

(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, Lisa Mortenson, hereby resign as Vice President  
(Title)

of True Healthsource Inc.  
(Name of Corporation)

P06000011998, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Lisa Mortenson*  
(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS  
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**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