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E HEALTH TRAINERS INC. (Name of Corporation) P06000140204 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William Retana (Name of Person) (Name of Firm/Company) 2421 W. Whitehorse Road (Address) Jacksonville, FL 32246 (City/State and Zip Code) For further information concerning this matter, please call: William Retana (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I, WILLIAM RETANA | , hereby resign as SECRETARY |
|-----------------------------|--|
| 15 | (Title) |
| of E HEALTH TRAINERS INC. | ; |
| (Name | e of Corporation) |
| (Document Number, if known) | , a corporation organized under the laws of the State of |
| FLORIDA | _· |
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| | |
| (| 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