

P07000123272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

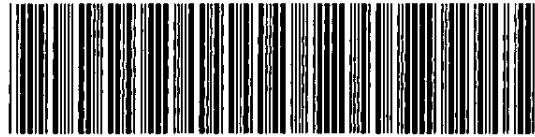
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OLD Resign.  
10/21/08  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tree of Health, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000123272

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

Please return all correspondence concerning this matter to the following:

Edwin L Crammer CPA  
(Name of Person)

Edwin L Crammer PA  
(Name of Firm/Company)

3801 N University Drive Suite 318  
(Address)

Sunrise, FL 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin L Crammer at ( 954 ) 742-8700  
(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

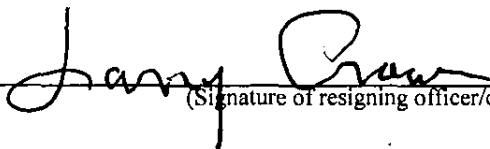
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Larry Crow, hereby resign as Director  
(Title)

of Tree of Health, Inc.  
(Name of Corporation)

P07000123272, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT -9 PM 2:53

FILED

**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