P08000001617

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(Re	equestor's Name)					
(Ac	ldress)					
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(Ac	ldress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	■ WAIT	MAIL				
		<u>.</u>				
(Bu	usiness Entity Nar	me)				
(Do	ocument Number)	J				
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Certified Copies	Certificates	s of Status				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer					





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110 Resign.
6/9/08

COVER LETTER

Amendment Section Division of Corporations

TO:

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SUBJECT: Health and Prevention Consultanto (Name of Corporation)
DOCUMENT NUMBER: 10800001617
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Llewellyn Gallego (Name of Person)
Heath and Prevention Consulanto (Name of Firm/Company)
934 Tropic Blud (Address)
Delray Beach FC 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
Llewellyn (fallego at (501) 400-9294 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

The Department of the State of

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Lindsay	Gallego	, hereby resig	gn as VIU De	Siclent (Title)	
of Heav	th AND Preventor (Name of	Consultants Corporation)	Inc.		
P080000010 (Document Nu	o(} umber, if known) ,	a corporation organiz	ed under the laws of	the State of	
Florida		,			
	LHall (Sig	nature of resigning officer	·/director)	98 JUN -5 PH 3: 54 SECRETARY OF STATE MEL AHASSEE FLORID	

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