P08000069329

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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LAW OFFICES OF

JAVIER BANOS: ESO: P.A.

ATTORNEY AT LAW

Javier Baños, Esq

A PROFESSIONAL ASSOCIATION 3126 CORAL WAY Miami, FL 33145

Tel. (305) 519-5581 Fax (305) 446-3444 jbanos@msn.com

Tuesday, 09/28/2010

NU BALANCE AUDIOLOGY AND VESTIBULAR CENTER, INC. EDUARDO LACASA, RA 7380 SW 48 ST. MIAMI FL 33155 US

RE: RESIGNATION LETTER OF ANA DAUSA ("Client"), President, NU BALANCE AUDIOLOGY AND VESTIBULAR CENTER, INC.

Dear Mr. LA CASA:

The undersigned attorney represents the interests of the above named Client. Due to irreconcilable differences between the shareholders of NU BALANCE AUDIOLOGY AND VESTIBULAR ("Nu Balance") and Ana Dausa, the Client hereby notifies Nu Balance's registered agent, Mr. Eduardo La Casa, that she no longer wishes to serve as President of said institution. Her resignation takes effect immediately.

Furthermore, the Client hereby surrenders all her shares in the Nu Balance and any responsibilities, debts, or other obligations of her as to Nu Balance and or its shareholders or agents.

The Client has served as the guarantor for several leased equipment, vendors, and leaseholds of Nu Balance, and as such she wishes to surrender of her obligation there under. The leased equipment, inventory, and leasehold premises are to be delivered to the individual creditors immediately.

In addition, as the only licensed health care provider, the Client is the owner of all medical patient files. Nu Balance must surrender said files upon receipt of this letter.

The Client will give notice of her resignation to all medical insurance and government health care agencies within 10 days of this letter.

Please let/me know if I can ussist you further. Contact me at (305)-519-5581.

Very truly yours

Javier Baños, Esc

Ana Dausa `

(305) 519-5581 (305) 403-1061

3126 CORAL WAY MIAMI, FL 33145

COVER LETTER

Division of Corporations ology & Vasibular Cartan **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: Name of Firm/Company

For further information concerning this matter, please call:

(City/State and Zip Code)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

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



October 12, 2010

JAVIER BANOS ESQ 3126 CORAL WAY MIAMI, FL 33145

SUBJECT: NU BALANCE AUDIOLOGY AND VESTIBULAR CENTER, INC.

Ref. Number: P08000069329

We have received your document for NU BALANCE AUDIOLOGY AND VESTIBULAR CENTER, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of the entity must be identical throughout the document.

Any statement, letter or affidavit to be added to the record of a business entity shown on the records of the Division of Corporations must be signed and dated by the individual(s) submitting the statement. Only information specific to filing matters may be added to the record. Do not include information that is of a personal nature.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Letter Number: 910A00024154

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Aug Days g , hereby resign as	Condat
of NU Balance Andsby and Vas P08000069329	6. bular Cexton, Inc
(Document Number, if known) Planda .	nws of the State of
(Signature of resigning officer/director)	ZULO OCT 25 TALLAHASS
FILING FEE IS \$35.00	T 25 AM III: (

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314