

PA0000071029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 11 PM 12:30

MAY 11 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zenn Healthcare Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000071029

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

Please return all correspondence concerning this matter to the following:

Mary K Blazeovich

(Name of Person)

C/O Zenn Healthcare Inc

(Name of Firm/Company)

5291 Shadowlawn Ave

(Address)

Tampa, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary K Blazeovich

(Name of Person)

at ( 813 ) 299-6715

(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**

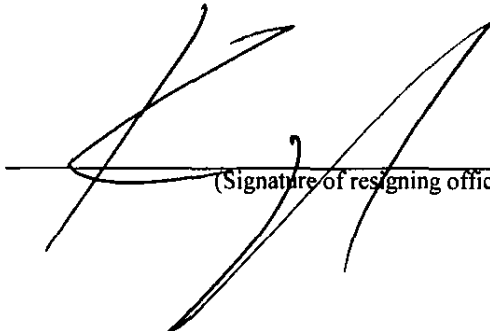
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SECRETARY OF STATE  
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I, Kyle Fiducia, hereby resign as VP/ Secretary/Director  
(Title)

of Zenn Healthcare Inc .  
(Name of Corporation)

P08000071029, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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