P08000071029

(Requestor's Name) (Address) (Address)		400160451024						
(City/State/Zip/Phone #)	•			09/11/09-	0101	1013	**35.0	0
(Business Entity Name)	g 45.	, Taga - Taga	HOME OF THE STATE	μ	. ****		, many typical (enteral Lands
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220/10M

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: Zenn Healthcare Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P08000071029
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concerning this matter to the following:
Mary E	Blazevich
	(Name of Person)
G & N	Works Inc
	(Name of Firm/Company)
5291 \$	Shadowlawn Ave
	(Address)
Tampa	a, FL 33610
	(City/State and Zip Code)
For furtl	her information concerning this matter, please call:
Mary B	Slazevich at (813) 299-6715 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Amenda Division Clifton I 2661 Ex	Address: ment Section n of Corporations Building cecutive Center Circle see FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Edward J McTigue Jr	, hereby resign as_	Director, President, Treasure
"	,,,	(Title)
of Zenn Healthcare Inc		
(Name of Co	orporation)	,
P08000071029, a (Document Number, if known)	corporation organized ur	nder the laws of the State of
Florida	M.	09 SEP 11 PM 1 SECKETARY OF S TALLAHASSEE, FL
(Signal	ture of resigning officer/direc	ORDE

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