

PD8000102136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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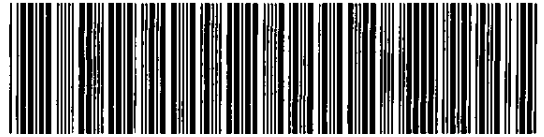
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH-AIDE PAIN & WEIGHT MANAGEMENT INC;
(Name of Corporation)

DOCUMENT NUMBER: P08000102

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

Please return all correspondence concerning this matter to the following:

Dr. Charles Clay

(Name of Person)

HEALTH-AIDE PAIN & WEIGHT MANAGEMENT IN

(Name of Firm/Company)

8313 W. HILLSBOROUGH AVE #260

(Address)

TAMPA, FL ~~33684~~ 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda Madrazo

(Name of Person)

at (813) 884-8703

(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, ZENEN PERDOMO, hereby resign as PRESIDENT
(Title)

of HEALTH-AIDE PAIN & WEIGHT MANAGEMENT INC;
(Name of Corporation)

P08000102136, 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

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