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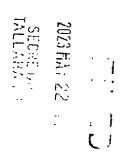
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TRANSMITTAL LETTER

ULTIMATE PERFORMANCE HEALTH, P.A. (Name of Corporation) DOCUMENT NUMBER: P09000064518 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID POCES (Name of Person) ULTIMATE PERFORMANCE HEALTH, P.A. (Name of Firm/Company) P.O. BOX 1088 (Address) BOCA RATON, FL 33429 (City/State and Zip Code) For further information concerning this matter, please call: DAVID POCES (Name of Person)

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

Mailing Address:
Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



SECRETARY, hereby resign as	
(Title)	
LTH. P.A.	
lame of Corporation)	
, a corporation organized under the laws of the State of	
(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