

PO90000068748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

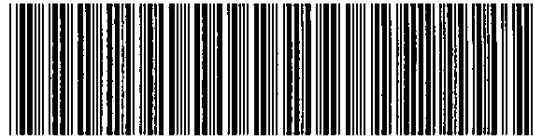
(Business Entity Name)

(Document Number)

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@ 9/23/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Veterinary Health Associate inc.

(Name of Corporation)

DOCUMENT NUMBER: P09000068748

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

Please return all correspondence concerning this matter to the following:

Hernandez, Evelin C Mrs.

(Name of Person)

Veterinary Health Associate inc.

(Name of Firm/Company)

9600 SW 8 street suite 21

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelin C. Hernandez

at (786) 416-3119

(Name of Person)

(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

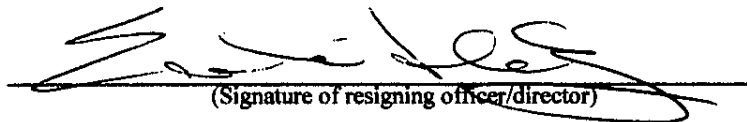
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Evelin c. Hernandez, hereby resign as president
(Title)

of VETERINARY HEALTH ASSOCIATE INC
(Name of Corporation)

P09000068748, 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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