

P09000094853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

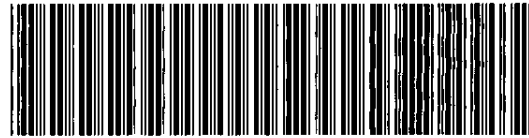
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C.COULLIETTE

DEC 06 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Health Relief Group of America, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000094853

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

Please return all correspondence concerning this matter to the following:

Giuseppe D'Alessandro

(Name of Person)

(Name of Firm/Company)

125 SE 5th Court

(Address)

Deerfield Beach FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Pawlowski

(Name of Person)

at ( 586 ) 615-0065

(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

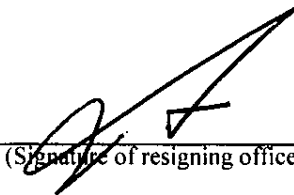
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Giuseppe D'Alessandro, hereby resign as President  
(Title)

of Health Relief Group of America, Inc.  
(Name of Corporation)

P09000094853, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC -3 PM 2:58

**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