

P12 000026878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

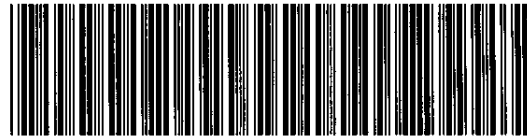
(Business Entity Name)

(Document Number)

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C. MUSTAIN

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TO: Amendment Section
Division of Corporations

AUGUST 16, 2012

SUBJECT: LIFETIME HEALTH LABS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12000026878

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

Please return all correspondence concerning this matter to the following:

ROBERT ADLER
(Name of Person)

LIFETIME HEALTH LABS, INC.
(Name of Firm/Company)

931 VILLAGE BOULEVARD, SUITE 905-84
(Address)

WEST PALM BEACH, FLORIDA 33409-1439
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT ADLER at (561) 301-0007
(Name of Person) (Area Code & Daytime Telephone Number)
(NEW DIRECTOR)

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

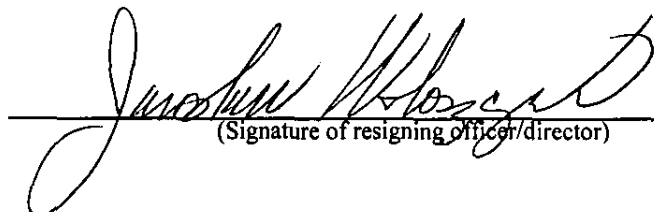
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAROSLAW WOLDSZCZUK hereby resign as DIRECTOR
(Title)

of LIFETIME HEALTH LABS INC
(Name of Corporation)

P12000026878, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

EFFECTIVE AUGUST 16, 2012

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TALLAHASSEE, FLORIDA

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