

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
OLA HEALTH CARE CORP

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STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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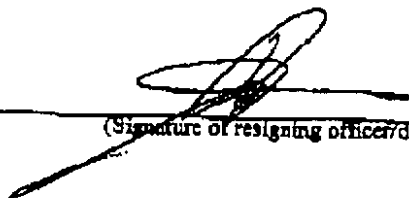
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEYS PARRA, hereby resign as TREASURY
(Title)

of OLA HEALTH CARE CORP
(Name of Corporation)

P17000060216, 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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