

# P18000040971

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6380

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## REGISTERED AGENT RESIGNATION IMPACT HEALTH INSTITUTE INC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$87.50

SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Impact Health Institute Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika A. Easter  
(Name of Person)

eResidentAgent, Inc.  
(Name of Firm/Company)

228 Park Ave S, PMB 50845  
(Address)

New York, NY 10003  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erika A. Easter at ( 310 ) 820-1000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32303

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December 6, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IMPACT HEALTH INSTITUTE INC  
4600 LINTON BLVD  
#210  
DELRAY BEACH, FL 33445

SUBJECT: IMPACT HEALTH INSTITUTE INC  
REF: P18000040971

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

FAX Aud. #: H24000400949  
Letter Number: 824A00026450

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

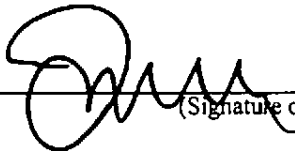
Florida Statutes, the undersigned, eResidentAgent, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Impact Health Institute Inc  
(Name of Corporation)

P18000040971  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Jeffrey A. Unger  
(Typed or Printed Name)

President of eResidentAgent, Inc.  
(Capacity)

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TALLAHASSEE, FL

### Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314