

P36851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

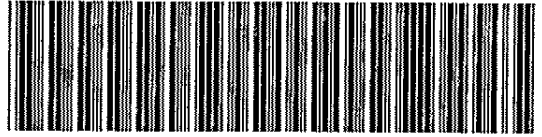
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Special Instructions to Filing Officer:

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officer Resignation



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUL 18 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALBA HEALTH PRODUCTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P36 851

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

Please return all correspondence concerning this matter to the following:

ALAN BACKE
(Name of Person)

ALBA HEALTH PRODUCTS, INC.
(Name of Firm/Company)

1370 W. INDUSTRIAL AVE. #109
(Address)

BOYNTON BEACH, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN BACKE at (561) 935 9551
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

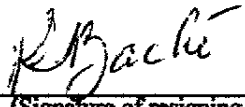
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, REBECCA BACHG, hereby resign as SECRETARY
(Title)

of ALBA HEALTH PRODUCTS, INC.
(Name of Corporation)

P 36 851, 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