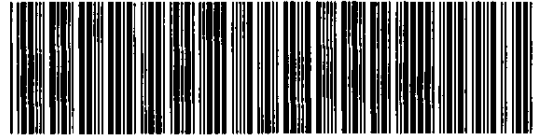


Pg 4000026167



400181320644

*Resignation
of officer*

05/27/10--01026--009 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*ADR
5/28/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oriental Medicine + Massage
(Name of Corporation)

DOCUMENT NUMBER: P94000026167

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

Please return all correspondence concerning this matter to the following:

MARY Holtz
(Name of Person)

Oriental Medicine + Massage
(Name of Firm/Company)

1791 SW Crane Creek Ave
(Address)

PALM CITY FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Holtz at (772) 678 8250
(Name of Person) (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**

FILED

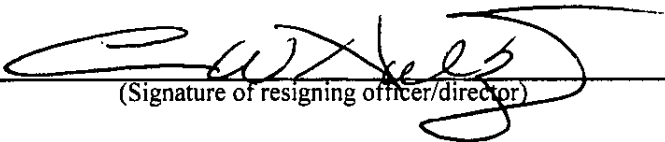
2010 MAY 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Arnold W. Holtz, hereby resign as Secretary / Treasurer
(Title)

of Oriental Medicine + Massage, Inc.
(Name of Corporation)

8940006 26167, 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