P96000078621

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C.COULLIETTE

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EXAMINER

LAW OFFICE OF

CAMILLE A. MCWHIRTER

3314 WEST LEONA STREET TAMPA, FLORIDA 33629

CELL (813) 541-7878 DIRECT (813) 974-6676 TELECOPY (813) 974-5411

December 16, 2010

VIA U.S. Mail-Certified

Entrusted Health Solutions, Inc. 3350 Buschwood Park Drive Ste 120 Tampa FI 33618

Re: Corporate Secretary Resignation

To Whom It May Concern,

In reviewing the corporate records for Entrusted Health Solutions, Inc. I note that annual reports filed on behalf of the corporation have included my name as corporate secretary. In light of the fact that I have had no involvement with the corporation since January 2002, I have filed an amendment with the Florida Division of Corporations indicating my resignation as secretary. Copies of the relevant documents are enclosed.

Regards,

Camille A. McWhirter

Enclosures

Cc:

Jim Cusack, J.D.

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ.	ECT: Entrusted Health Solutions
	(Name of Corporation)
DOC	UMENT NUMBER: P96000078621
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Cam	ille McWhirter
	(Name of Person)
	(Name of Firm/Company)
3314	W Leona St
	(Address)
Tam	pa, FL 33629
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Cami	(Name of Person) at (813) 974-6676 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Cliftor 2661 I	Mailing Address: dment Section on of Corporations on Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Camille McWhirter	, hereby resign as Secretary
7	(Title)
ofEntrusted Health Solutions	
(Name	of Corporation)
P9600078621 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_·
<u> </u>	OFC 20 AN STATE 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