

P 97000054042

Continental Health Corporation

P.O. Box 546005

Surfside, Florida 33154-6005

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-11/05/99-01104--002

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy \_\_\_\_\_  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

*OFFices  
11-17-99  
DJS*

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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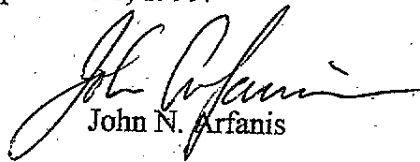
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I, John N. Arfanis, hereby resign as Director, Shareholder and Employee of:

Continental Health, ~~Inc.~~ CORPORATION

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.  
My resignation is effective September 1, 1999.

  
John N. Arfanis

FILING FEE IS \$35.00