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Requester's Name

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Address

Coral Gables, Fla. 33146
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Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 200003233162-9
-05/01/00-01114-003
****105.00 ****35.00

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ 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

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

FILED
00 MAY - 11 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS MAY 9 2000

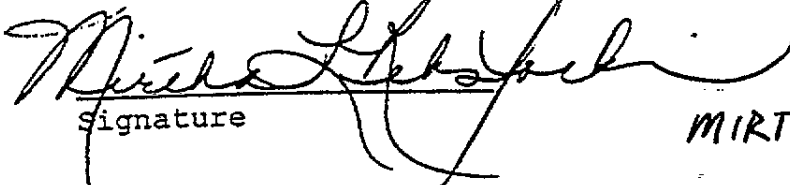
Examiner's Initials

RESIGNATION OF OFFICER AND DIRECTOR

June 4, 1999

To the board of directors of Florida Health Institute, Inc.:

I hereby tender my resignation as an officer and director of Florida Health Institute, Inc., effective immediately.



Signature

MIRTHA REBSTOCK

[NOTE: FSA § 607.0807(2) PROVIDES THAT THE RESIGNATION IS EFFECTIVE WHEN THE NOTICE IS DELIVERED UNLESS THE NOTICE SPECIFIES A LATER EFFECTIVE DATE.]

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