

P98000081264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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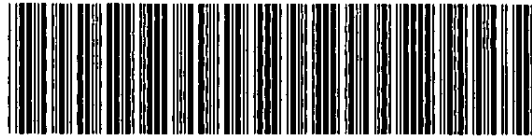
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.COULLIETTE

OCT 08 2008

EXAMINER

Law Offices of  
PAUL BENNETT SOPP, P.A.

4 HARVARD CIRCLE  
SUITE 100  
WEST PALM BEACH, FLORIDA 33409  
TELEPHONE 561.683.5612  
FACSIMILE 561.683.3577

FLORIDA

CALIFORNIA\*

Sender E-Mail: PSopp@SoppLaw.com

September 29, 2008

Via Certified Mail

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

Re: Diabetic Health Agency, Inc.  
Document No. P98000081264

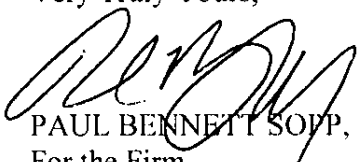
To Whom it May Concern:

Enclosed please find the following executed amendments and corresponding payment regarding the above-referenced entity:

Document	Amount
Registration of Registered Agent for a Corporation	\$ 87.50
Officer / Director Resignation re Jenney Grambor	35.00
Officer / Director Resignation re James Grambor	35.00
Statement of Change of Registered Agent / Office	35.00
Article Amendment to Articles of Incorporation	43.75
TOTAL ENCLOSED	\$ 236.25

If you have any questions or concerns feel free to contact the undersigned.

Very Truly Yours,

  
PAUL BENNETT SOPP, ESQ.  
For the Firm  
Enclosures:  
Cc: Colin Campbell

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIABETIC HEALTH AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000081264

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Bennett Sopp, Esq.

(Name of Person)

Paul Bennett Sopp, P.A.

(Name of Firm/Company)

4 Harvard Circle, Suite 100

(Address)

West Palm Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Sopp, Esq.

(Name of Person)

at ( 561 ) 683-5612

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JAMES GRAMBOR

(Name of Registered Agent)

hereby resigns as Registered Agent for DIABETIC HEALTH AGENCY, INC.

(Name of Corporation)

P98000081264

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

James Grambor

(Typed or Printed Name)

Director

(Capacity)

**FILED**  
08 OCT -2 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**