P99000011602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHCARE NATIONAL MARKETING, INC
(Name of Corporation)

DOCUMENT NUMBER: P99000011602

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

Please return all correspondence concerning this matter to the following:

TINA GODSEY
(Name of Person)

HEALTHCARE NATIONAL MARKETING, INC.
(Name of Firm/Company)

5211 US HWY 19 SUITE 200
(Address)

NEW PORT RICHEY, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRI PAULES at (727) 846-7164
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

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DIVISION OF CORPORATIONS

16 MAR 23 PM 2:11

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TINA GODSEY, hereby resign as BOARD MEMBER
(Title)

of HEALTHCARE NATIONAL MAREKTING, INC.,
(Name of Corporation)

P99000011602, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Tina Godsey
(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