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BOARD CERTIFIED BY THE
FLORIDA BAR IN THE SPECIALTY
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August 9, 1999

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Office of the Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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*****87.50 *****87.50

Re: National Whole Health, Inc.
Your Ref. Number P990000022685

Dear Sir or Madam:

Please find enclosed the Statement of Resignation of Registered Agent for National Whole Health, Inc., together with a check in the amount of \$87.50 representing the fee for filing same. Please see that it is filed and that a copy is stamped and returned to the undersigned in the enclosed self-addressed, stamped envelope.

Thank you for your courtesy and cooperation.

Very truly yours,

UNGER, SWARTWOOD,
INDEST & ACREE, P.A.

Gregory A. Chaires

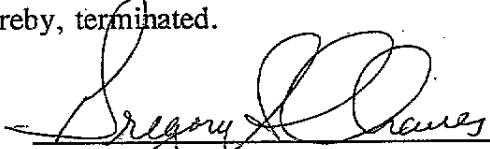
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**STATEMENT OF RESIGNATION OF REGISTERED
AGENT FOR NATIONAL WHOLE HEALTH, INC.**

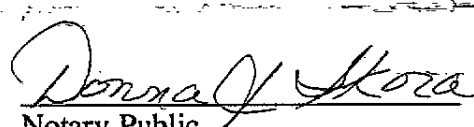
The undersigned, as the Registered Agent for National Whole Health, Inc., pursuant to Section 607.0502(2), Florida Statutes, hereby files this Statement of Resignation as Registered Agent for National Whole Health, Inc. ("Statement"). As required by Section 607.0502(2), Florida Statutes, a copy of this Statement has been mailed to the president of National Whole Health, Inc., at its principal address as set forth in the Corporation's Articles of Incorporation. Pursuant to this notice, agency is terminated as of the 31st day after the filing of the Statement with the Department of State. Upon conclusion of the 31st day as set forth above, all services as a Registered Agent are, therefore, and hereby, terminated.



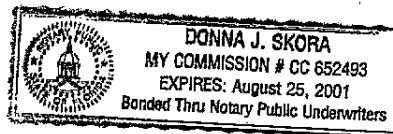
Gregory A. Chaires
Registered Agent
National Whole Health, Inc.

STATE OF FLORIDA)
) SS:
COUNTY OF *Orange*)

The foregoing instrument was acknowledged before me this 8th day of July, 1999, by GREGORY A. CHAIRES, ESQUIRE, who is personally known to me and who did/did not take an oath.



Notary Public
Typed Name: *DONNA J SKORA*
My Commission Expires:



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99 AUG 13 PM 3:33
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TALLAHASSEE, FLORIDA