

P9900008732

Requester's Name

M. Okolowicz  
512 Aragon Ave  
Miami, FL 33134

300005368583  
-04/23/02-01071-001  
\*\*\*\*70.00

Office Use Only

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

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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\*\*\*\*70.00 \*\*\*\*35.00

- Walk in
- Mail out
- Pick up time
- Will wait

Photocopy

- Certified Copy
- Certificate of Status

**NEW FILINGS**

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

**AMENDMENTS**

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

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
02 APR 29 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

PS 5/6/02  
NOTE: correct  
old Res.

**FILED**

02 APR 29 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION**

I, MARc OKOLowicz, hereby resign as President  
(Title)

of Health Yourself now, Inc.  
(Name of 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.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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