20087322 Requester's Name

M. oicolowicz

Office Use Only

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

WE(S) & DOCUMENT		
CORPORATION NAME(S) & DOCUMENT	(Document #)	
1. (Corporation Name)	(Document #)	10=35858500 04/29/02-01071-001 ******70.00 ******35.00
2. (Corporation Name)	(Document #)	
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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