(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

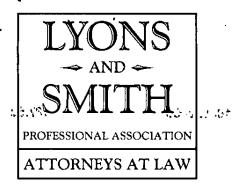
Office Use Only

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RICHARD W. LYONS
GARY V. SMITH
Board Certified Real Estate Attorney
MICHAEL D. LYONS

October 22, 2008

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

RE: HEALTH STUDIES INSTITUTE, INC.

Gentlemen:

Enclosed please find the following items with reference to the above captioned matter:

- 1. Original executed Resignation of Registered Agent for a Corporation;
- 2. Our trust account check in the amount of \$87.50 as the filing fee

Should you have any questions, please contact the undersigned.

Miaml Office

1230 NW 7th Street
Miami, Florida 33125
305-324-1100 - Office
305-324-1054th Facsimile (1997) / www.lyonsandsmith.com

Hollywood Office

4700 Sheridan Street, Suite G Hollywood, Florida 33021 954-889-0983

PLL:arm

PÀTRICIÁ L. LYONS Office Manager

Office Manager Plyons@lyonsandsmith.com

COVER LETTER

TO: Amendment Sect Division of Corpo		
SUBJECT: HEALTH S	STUDIES INSTITUTE, INC	
	(Name of Corporation)	
DOCUMENT NUMBE	R: V54726	
The enclosed Resignation	on of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspond	ondence concerning this matter to the following:	
GARY V. SMITH		
(N	Jame of Person)	
LYONS AND SMITH,	, P.A.	
(Name	e of Firm/Company)	
1230 NW 7TH STRE	ET	
	(Address)	
MIAMI, FLORIDA 33		
(City/S	State and Zip Code)	
For further information c	concerning this matter, please call:	
GARY V. SMITH (Name of	Terson) at (305) 324-1100 (Area Code & Daytime Telephone Number)	
(rame or	Totalon, (Anda Code & Dayanie Totophone (Vulnber)	
Enclosed is a check mad or \$35.00 for an adminis	le payable to the Florida Department of State for \$87.50 for an active corporatively dissolved, voluntarily dissolved or withdrawn corporation.	oration

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 6	607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the undersigned,G/	ARY V. SMITH	
-	(Name of Registered Agent)	
hereby resigns as Registered Agent for	HEALTH STUDIES INSTITUE, IN	1C
nereey resigns as registered rigent for	(Name of Corporation)	
V54726		
(Document Number, if known)		
A copy of this resignation was mailed t	to the above listed corporation at its las	st known address.
The agency is terminated and the office this statement is filed.		
If signing on behalf of an entity:	GARY V. S. MTH (Typed or Printed Name)	TALLAHASSEE, FLORID
	STERED AGENT (Capacity)	

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