

P02000094380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FROM : ROBERTO-RIVERA

FAX NO. : 3053830077

Aug. 06 2004 04:30PM P1

### TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THERASERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000094380

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

Please return all correspondence concerning this matter to the following:

Jorge L. Raad

(Name of Person)

Theraservices, Inc.

(Name of Firm/Company)

9100 Coral Way, Suite 10

(Address)

Miami, FL. 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Raad

(Name of Person)

at (305) 227-1180

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

FROM : ROBERTO-RIVERA

FAX NO. : 3053830077

11.9. 06 2004 04:30PM P2

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

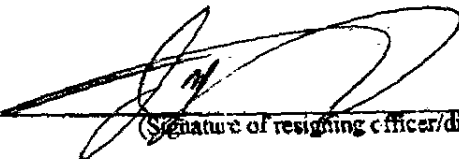
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jay Perez, hereby resign as President  
(Title)

of Theraservices, Inc.  
(Name of Corporation)

P02000094380, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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