

P07000019837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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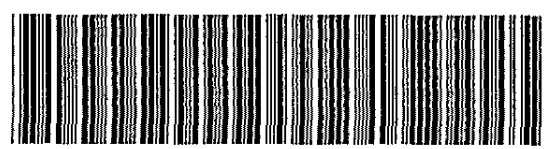
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3-12-07  
K10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Therapy SPOT Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO7000019837

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

Please return all correspondence concerning this matter to the following:

Lisa Feldman  
(Name of Person)

Therapy SPOT Inc.  
(Name of Firm/Company)

3553 NW 25 Way  
(Address)

Boca Raton, FL 33434  
(City/State and Zip Code)

Therapy SPOT INC  
Address is  
4 Glamis Way  
Brynthon Beach, FL  
33426

For further information concerning this matter, please call:

MONICA Weller at ( 561 ) 859-2100  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lisa Feldman, hereby resign as Vice President  
(Title)

of Therapy SPOT INC.  
(Name of Corporation)

PO7000019837, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Lisa Feldman  
(Signature of resigning officer/director)

**FILED**  
07 MAR 12 AM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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