P08000040260

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O/D
Resignation

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARCHER PHYSICAL THERAPY & PILATES INSTITUTE, INC.

DOCUMENT NUMBER: P08000040260

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

Please return all correspondence concerning this matter to the following:

KERRY SIMAN -TOV
(Name of Person)

ARCHER PHYSICAL THERAPY & PILATES INSTITUTE, INC.
(Name of Firm/Company)

19300 WEST DIXIE HIGHWAY, SUITE 5
(Address)

North Miami Beach, FL 33180
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kerry Siman-Tov at (305) 454-9440.
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

I, **EMILIO SOLARES a/k/a EMILIO A. SOLARES**, hereby resign as VICE-PRESIDENT and DIRECTOR of **ARCHER PHYSICAL THERAPY & PILATES INSTITUTE, INC.** (Document Number P08000040260), a corporation organized under the laws of the State of Florida. This resignation shall take effect immediately.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EMILIO SOLARES a/k/a EMILIO A. SOLARES.