

P09000055889

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(Address)

(Address)

(City/State/Zip/Phone #)

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O/O Resign.

D. CORWELL JAN 04 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREASURE COAST THERAPY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000055889

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

Please return all correspondence concerning this matter to the following:

MATTHIEU FONTIX
(Name of Person)

TREASURE COAST THERAPY, INC.
(Name of Firm/Company)

4500 PINE VALLEY ST
(Address)

PORT ST LUCIE, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHIEU FONTIX at (772) 634-2332
(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

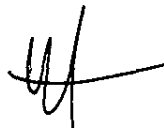
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARK CHAVES, hereby resign as DIRECTOR
(Title)

of TREASURE COAST THERAPY, INC.
(Name of Corporation)

P09000055889, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
09 DEC 24 AM 9:42
CLERK OF STATE

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