

P99 000099724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

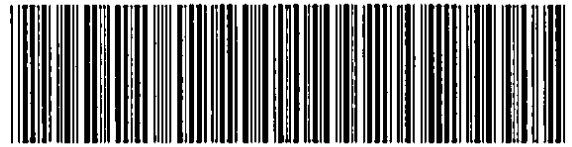
(Business Entity Name)

(Document Number)

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3/19/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physical Therapy Associates of Orange Park, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000099724

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

Please return all correspondence concerning this matter to the following:

Hemant Patel

(Name of Person)

Physical Therapy Associates of Orange Park, Inc.

(Name of Firm/Company)

1550 Business Center Drive, Suite B

(Address)

Fleming Island, FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Shippee

(Name of Person)

at (904) 280-5575

(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, Rachel Anne Deel, hereby resign as Director
(Title)

of Physical Therapy Associates of Orange Park, Inc.
(Name of Corporation)

P99000099724, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Rachel A. Deel
(Signature of resigning officer/director)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2020 MAR -6 AM 11:32

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