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(Requestor's Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T. Freberts APR O A 2007

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	IECT: American Therapeutic Corporation
	(Name of Corporation)
DOC	UMENT NUMBER: N02000009613
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Mari	ianella Valera
	(Name of Person)
Ame	erican Therapeutic Corporation
	(Name of Firm/Company)
180	1 NE 2nd Avenue
	(Address)
Miar	mi, FL 33132
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Maria	anella Valera at (305) 371-5777 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661 I	Mailing Address: dment Section on of Corporations n Building Executive Center Circle Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	·	/	ALLAHASEY OF S
I,	, hereby resign as_	Director	ALLAHASSEE, FLORIDA (Title)
of American Therapeutic Corporation			(11110)
(Name of Corpo	oration)		
N0200009613, a cor	poration organized un	ider the laws	s of the State of
Florida			
- Csignature	of resigning officer/direc	tor)	

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