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(Red	questor's Name)	·
(Add	dress)	
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(City	//State/Zip/Phone	; #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	3
SUBJECT: Coral Way Thera	apy, Inc.
E	(Name of Corporation)
DOCUMENT NUMBER:	0000000761
The enclosed Officer/Director R	designation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Cathy J. Lerman	
(Name of	Person)
Coral Way Therapy, Inc.	
(Name of Firm	1/Company)
1501 NW 49 Street, Suite 2	00
(Addre	ess)
Ft. Lauderdale, FL 33309	
(City/State and	d Zip Code)
For further information concern	ing this matter, please call:
William Guthrie	at (954) 938-3770 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 r	nade 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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Cathy J. Lerman	, hereby resign as_	Secretary	(Title)	<u>পূ</u> ল লাইংকেটুং
of Coral Way Therapy, Inc. (Name of Corporation)	on)	<u> </u>		
P00000060761 , a corpor (Document Number, if known)			he State of	
Florida	. <u>"""</u> ". ". ". ". ". ". ". ". ". ". ". ". ". "	: + 1 + 1 + 1	X * - 2	Way you'r sylfed ar
(Signature of A	esigning officer/direct	or)	03 SER 22 PHILLIPSEE, FLOR	FILED 2:55

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