

Pol 0000 10775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

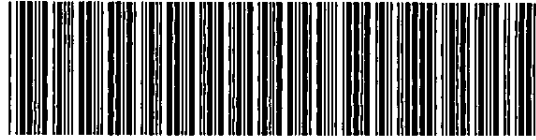
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

old Resign

05/17/07

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunshine Physical Therapy & Fitness Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000010775

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

Please return all correspondence concerning this matter to the following:

David Kavanagh

(Name of Person)

Sunshine Physical Therapy & Fitness Center, Inc.

(Name of Firm/Company)

6321 54th Avenue North

(Address)

St. Petersburg, FL 33709

(City/State and Zip Code)

For further information concerning this matter, please call:

Harry Roer

(Name of Person)

at (248 ) 563-5168

(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, DOROTHY C. ROER, hereby resign as Vice President, Treasurer & Director  
(Title)

of Sunshine Physical Therapy & Fitness Center, Inc.  
(Name of Corporation)

P01000010775, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 14 PM 4:05

**FILED**

**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