

PO1000010775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

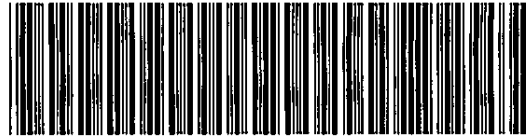
(Business Entity Name)

(Document Number)

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04/30/14--01007--009 \*\*227.50

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14 APR 30 PM 5:00

O/D  
Resign.

5/13/14

DC

## TRANSMITTAL 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:

**Manzoor A. Khan**

(Name of Person)

**Sunshine Physical Therapy & fitness center, Inc.**

(Name of Firm/Company)

**4770 Hairland Dr.**

(Address)

**West Palm Beach, FL 33415**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Manzoor A. Khan**

(Name of Person)

at ( **561** ) **201-6448**

(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, Manzoor A. Khan, hereby resign as V. P.  
(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)

**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

FILED

14 APR 30 PM 5:00