

PD1000085996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

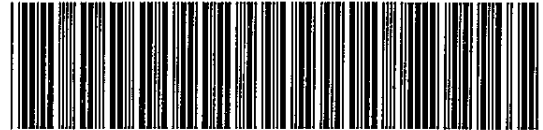
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Injury AND Wellness Centers of Ft. Myers
(Name of Corporation)

DOCUMENT NUMBER: P01000085996

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

Please return all correspondence concerning this matter to the following:

NICHOLAS DESOLA
(Name of Person)

Injury & Wellness Centers of Ft. Myers
(Name of Firm/Company)

2665 Cleveland Ave # 205
(Address)

Ft. Myers FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS DESOLA at (954) 868-2175
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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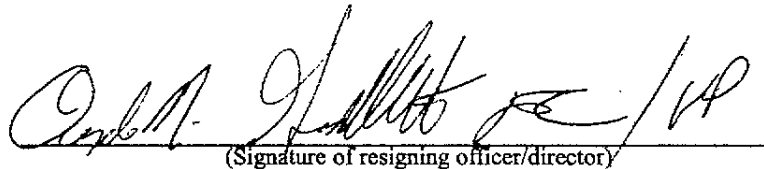
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Angelo Gadaleta, hereby resign as Vice President
(Title)

of Invynt Wellness Centers of Fort Myers, Inc.
(Name of Corporation)

P01000085996, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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

