

PO20000004459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2005 JUL 27 1:00 PM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Furniture Physicians

(Name of Corporation)

DOCUMENT NUMBER: P000004459

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 Beasley, Registered Agent

(Name of Person)

Furniture Physicians, Inc

(Name of Firm/Company)

3936 S. Semoran Blvd # 491

(Address)

Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

David Beasley

at (407) 812-4576

(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

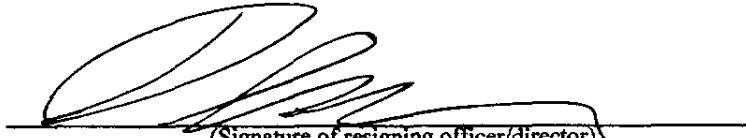
35.00

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bruce Faller, hereby resign as Vice President
(Title)

of Furniture Physicians, Inc
(Name of Corporation)

_____, 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

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