

P2000100379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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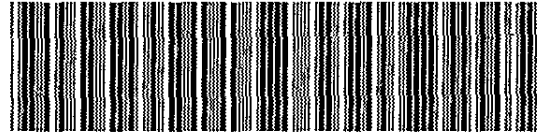
(Business Entity Name)

(Document Number)

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Resignation
of officer

08/15/07--01021--003 **35.00

FILED
2007 AUG 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AKR
8/21/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE OSTEOMUSCULAR REHAB. CENTER, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P02000100379

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

Please return all correspondence concerning this matter to the following:

MARTHA I BOURZAC

(Name of Person)

THE OSTEOMUSCULAR REHAB. CENTER, CORP

(Name of Firm/Company)

10020 NW 80TH CT APT 1461

(Address)

HIALEAH FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA I BOURZAC

(Name of Person)

at (786) 426-8577

(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**

FILED
2007 AUG 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MIRIAM HERNANDEZ MARTINEZ, hereby resign as PRESIDENT
(Title)

of THE OSTEOMUSCULAR REHAB. CENTER, CORP.
(Name of Corporation)

P02000100379, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Marithea I. Baunzae
(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