

PO2000117621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

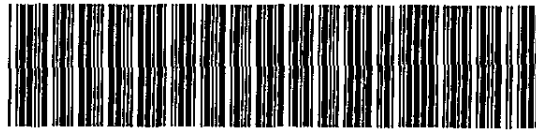
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

5/27
[Signature]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chiro-Medical Pchgs of Kendall, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000117621

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

Please return all correspondence concerning this matter to the following:

Andrew Sands
(Name of Person)

(Name of Firm/Company)

590 Newark Ave 2nd Floor
(Address)

Jersey City, NJ 07302
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Sands at (973) 214-3447
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, Andrew Sands, hereby resign as Director
(Title)

of Chico-Medical Rehab of Kendall Inc
(Name of Corporation)

PO2000117621, a corporation organized under the laws of the
(Document Number, if known)

Florida

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TALLAHASSEE, 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