

P02000120491

(Requestor's Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHIRO-MEDICAL Rehab of North Miami, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000120491

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 Sandi
(Name of Person)

(Name of Firm/Company)

590 NEWARK AVE 2ND FLOOR
(Address)

Jersey City, NJ. 07306
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Sandi 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 CHLO-MEDICAL Rehab of North Miami Inc
(Name of Corporation)

P02000120491, a corporation organized under the laws of the
(Document Number, if known) of

Florida

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SECRETARY OF STATE

[Signature]
(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