

PO2000120491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03 OCT 27 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Ocullette OCT 27 2003

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: 902000120491

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

Please return all correspondence concerning this matter to the following:

ROBERT RUBOLPH  
(Name of Person)

→ 1199 NE 139th ST N. MIAMI FL 33161  
(Name of Firm/Company)

→ CHIRO MEDICAL REHAB OF NORTH MIAMI  
(Address)

NORTH MIAMI FL 33161  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rubolph at (786) 367-2432  
(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

Please call me to discuss  
Robert Rubolph  
786-367-2432



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 26, 2003

ROBERT RUDOLPH  
1199 N.E. 139TH ST.  
N. MIAMI, FL 33161

SUBJECT: CHIRO-MEDICAL REHAB OF NORTH MIAMI INC  
Ref. Number: P02000120491

We have received your document for CHIRO-MEDICAL REHAB OF NORTH MIAMI INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is ~~being returned to you~~ for the following reason(s):

You need to send your document you were suppose to send with the transmittal letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 803A00052995

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert Rudolph, hereby resign as Director  
(Title)  
of Chino-Medical Products of North Miami, INC.  
(Name of Corporation)  
PO2000120491, 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

**FILED**  
**03 OCT 27 AM 11:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**