

P020000120595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

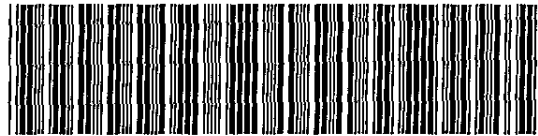
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03 OCT 16 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN OCT 20 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alliance Spinal Therapy + Rehabilitation, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P02000120595

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

Please return all correspondence concerning this matter to the following:

Michael Masterman
(Name of Person)

Alliance Spinal Therapy + Rehabilitation, P.A.
(Name of Firm/Company)

16244 S. Military Trail, Suite 210
(Address)

Delray Beach, FL 33484
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Rubin at (561) 637-3779
(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**

FILED
03 OCT 16 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/1/03

I, Michael Maskman, hereby resign as Officer/Director (a) (Title) pos

of Alliance Spinal Therapy + Rehabilitation, P.A.
(Name of Corporation)

P02000/20595, 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