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TRANSMITTAL LETTER

SUBJECT: Specialized Theraby Center Corp.

(Name of Corporation)

DOCUMENT NUMBER: Po3000033561

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Hylene Asterio
(Name of Person)

Asterio & Associates LLC
(Name of Firm/Company)

18800 NW 77H Court
(Address)

Miami, Fr. 33015 (City/State and Zip Code)

For further information concerning this matter, please call:

Mylene Astencio at (305) 804-2308
(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Of FILED
MILED

, Edvardo Crz	hereby resign as President (Title)
of Specialized There	me of Corporation).
Po30000 33501 (Document Number, if known)	, a corporation organized under the laws of the State of
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