

P030006700 /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

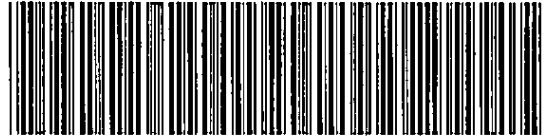
(Business Entity Name)

(Document Number)

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Old Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oceanside Physical Therapy, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000067007

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

Please return all correspondence concerning this matter to the following:

Bryan Graham

(Name of Person)

Oceanside Physical Therapy, Inc.

(Name of Firm/Company)

2030 SE Ocean Blvd.

(Address)

Stuart, FL 34996

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Graham

(Name of Person)

at (772) 283-3820

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Allison Graham, hereby resign as Secretary
(Title)

of Oceanside Physical Therapy, Inc.
(Name of Corporation)

P03000067007, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Allison Graham
(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

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-ALLIANTHROPY-FLORIDA-