

PD3000095955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

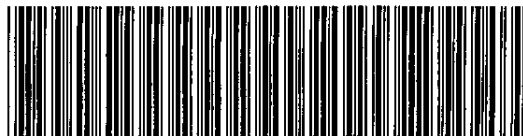
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TB

11-8-07

Officer Resignation

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCE MEDICAL ASSPCIATES AND FORME REHAB INC
(Name of Corporation)

DOCUMENT NUMBER: P03000095955

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

Please return all correspondence concerning this matter to the following:

MARK HAJEC

(Name of Person)

TAX RECOVERY SERVICES

(Name of Firm/Company)

429 E SHERIDAN ST

(Address)

DANIA BEACH FL 33004

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK HAJEC

(Name of Person)

at (954) 921-1041

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JOSEPH FERRANTE III, hereby resign as PRESIDENT
(Title)

of ADVANCE MEDICAL ASSOCIATES AND FORME REHAB, INC.
(Name of Corporation)

P03000095955, 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