

PD4000040380

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

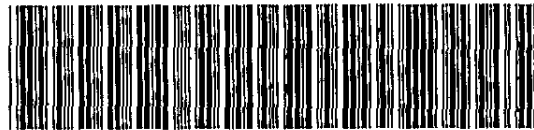
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH BEACH ORTHOTICS AND PROSTHETICS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000040380

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. JOEL WEISS, ESQ.

(Name of Person)

R. JOEL WEISS, P.A.

(Name of Firm/Company)

2131 Hollywood Blvd. #504

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Joel Weiss

(Name of Person)

at (954) 925-6464

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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
04 JUN 14 AM 8 28
SECRETARY
TALLAHASSEE

I, Daniel Reid, hereby resign as President/Secretary/Treasurer
(Title)

of SOUTH BEACH ORTHOTICS AND PROSTHETICS, INC.
(Name of Corporation)

P04000040380, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)
DANIEL REID

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