

P04 0006 526 83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

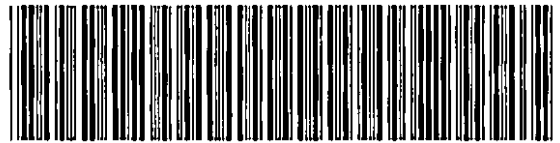
(Business Entity Name)

(Document Number)

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08/15/18--01022--012 **\$5.00

S TALLENT

AUG 15 2018

FILED

18 AUG 13 PM 3:25

AT THE CLERK OF COURT

8/15/18 Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Forest Hill Injury Center, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000052683

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

Please return all correspondence concerning this matter to the following:

Robert Sitner Psy.D

(Name of Person)

Forest Hill Injury Center INC

(Name of Firm/Company)

4731 West Atlantic Ave. Suite B-21

(Address)

Delray Beach, Florida 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Sitner

(Name of Person)

at (561) 495-1212

(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

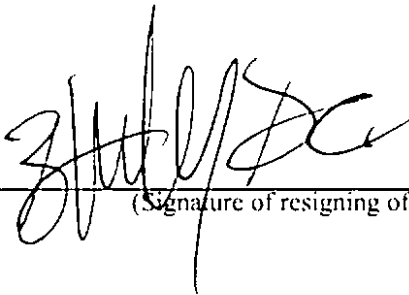
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Brian Mitteldorf D.C., hereby resign as Director
(Title)

of Forest Hill Injury Center, INC.
(Name of Corporation)

P04000052683, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
18 AUG 13 PM 3:23
TALLAHASSEE, FLORIDA

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