

PD4000089818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

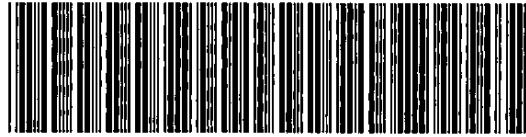
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06 AUG -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF COAST WELLNESS CENTERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4 0000 69 818

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

Please return all correspondence concerning this matter to the following:

NORMAN MOSKOWITZ, MD, FACS
(Name of Person)

ORTHOPAEDICS, REHABILITATION, ERGONOMICS, INC.
(Name of Firm/Company)

2303 HOLLYWOOD BLVD. BOX 11
(Address)

HOLLYWOOD FL. 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

HARRIET ORLANDO at (954) 925-6762
(Name of Person) (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
06 AUG -9 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NORMAN MOSKOWITZ, MD, FACS, hereby resign as President/Treasurer
(Title)

of GULF COAST WELLNESS CENTERS, INC.
(Name of Corporation)

P 04 0000 89818, 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