

PD5000017665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

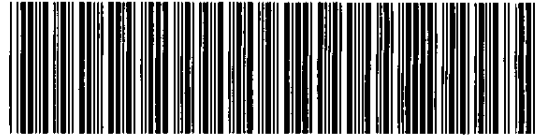
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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12-3-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED THERAPY SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: POS000017665

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

Please return all correspondence concerning this matter to the following:

JOSE CUTILLAS
(Name of Person)

ADVANCED THERAPY SOLUTIONS, INC
(Name of Firm/Company)

375 DOUGLAS AVE., STE 1004
(Address)

ALTAMONTE SPRINGS, FL, 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CUTILLAS at (407) 788-7515
(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

2008 DEC -1 PM 2:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

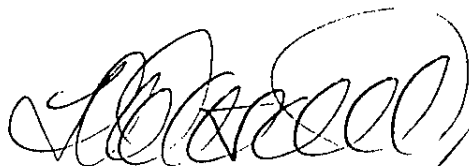
(HAROLDO ARISMENDI)

I, Haroldo Arismendi, hereby resign as Vice President
(Title)

of Advanced Therapy Solutions, Inc
(Name of Corporation)

PO 50000017665, 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