

P05000054571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

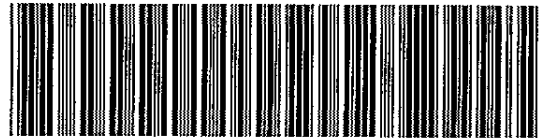
(Business Entity Name)

(Document Number)

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02/27/06

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COLLEGIATE SPORTS MEDICINE FOUNDATION INC  
(Name of Corporation)

DOCUMENT NUMBER: POS000054571

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

Please return all correspondence concerning this matter to the following:

MICHAEL S. HANUSCHAK  
(Name of Person)

COLLEGIATE SPORTS MEDICINE FOUNDATION INC  
(Name of Firm/Company)

P.O. Box 294131  
(Address)

BOCA RATON, FL 33429  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL S. HANUSCHAK at (561) 393-7660  
(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**

I, MICHAEL S. HANUSCHAK, hereby resign as SECRETARY/TREASURER/DIRECTOR  
(Title)

of COLLEGIATE SPORTS MEDICINE FOUNDATION INC.  
(Name of Corporation)

P05000054571, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

REMOVAL AS T/S/D WITH EFFECT  
FROM DATE OF INCORPORATION PER  
ENCLOSED CORRESPONDENCE.

  
(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

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TALLAHASSEE FLORIDA