

P05000139383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 19 PM 3:37

O/D Resign.

06/27/06

De

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Indian River Injury + Rehab Center, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000139383

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 Masterman  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

601 N. Congress Ave., Suite 311  
(Address)

Delray Beach, FL 33445  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nateka Gourgue at (772) 332-1750  
(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:**

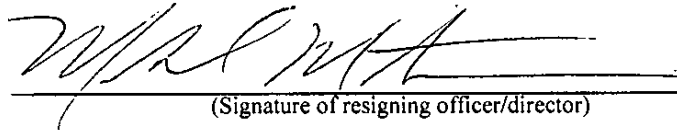
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michael Masterman, hereby resign as Pres: Lent  
(Title)

of Indian River Inj & Rehab Center, P.A.  
(Name of Corporation)

P05000139383, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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