

P05000146890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

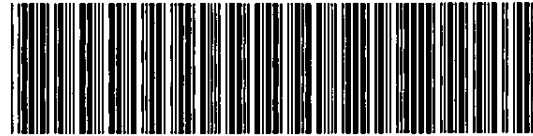
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800215741678

01/03/12--01051--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -3 PM 1:40

Resign

C.COULLIETTE

JAN 05 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INNOVATIVE PEDIATRIC THERAPY, INC.

DOCUMENT NUMBER: P05000146890

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MADHUMATTI MERHAI

Name of Contact Person

Innovative Pediatric Therapy INC

Firm/ Company

1461 Sorrento Drive

Address

Weston, FL 33326

City/ State and Zip Code

innovativepediatrictherapy@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADHUMATTI MERHAI

Name of Contact Person

at (954) 217-1510

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

enclosed)

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is

(Additional Copy

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy

is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

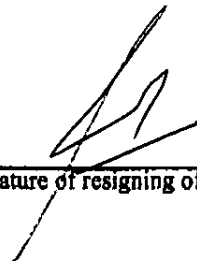
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VIVIANA RABII, hereby resign as VP, S, D
(Title)

of Innovative Pediatric Therapy INC
(Name of Corporation)

P05000146890, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -3 PM 1:40