

P06000080510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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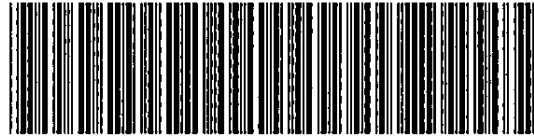
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

07 JUN 13 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resig.

G. Goulette JUN 19 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians Choice Physical Therapy Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000080510

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

Please return all correspondence concerning this matter to the following:

Maria E. Quirós

(Name of Person)

(Name of Firm/Company)

10430 S.W. 145 Ave

(Address)

Miami, FL 33106

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E. Quirós

(Name of Person)

at (305)

388-9875

(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, Nelson Cerpeder, hereby resign as Vice President
(Title)

of Physicians Choice Physical Therapy Center, Inc.
(Name of Corporation)

P0600000510, 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

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