P07000040030

4		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(0)	ty/State/Zip/Phon	o #0
(CI	ty/State/Zip/Pflofi	e
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		•
	Office Use Or	



800105774118

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Officer Resignation

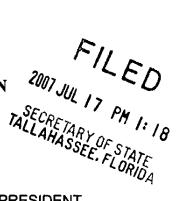
TB 7-20

COVER LETTER

	ment Section on of Corporations		
SUBJECT: C	CHENEY PHYSICAL	THERAPY CENTER, II	NC.
Scholer		(Name of Corporation	on)
DOCUMENT	NUMBER: P070	00040030	
The enclosed (Officer/Director Resig	nation for a Corporation ar	nd fee are submitted for filing
Please return a	ll correspondence con	cerning this matter to the f	following:
CASTILLO,	ELIEZER		
	(Name of Perso	on)	
CHENEY PH	HYSICAL THERAPY	CENTER, INC.	
,	(Name of Firm/Cor	npany)	
5740 OLD C	HENEY HIGHWAY		•
	(Address)		
ORLANDO I	FL 32807		
	(City/State and Zip	Code)	
For further info	ormation concerning t	his matter, please call:	
CASTILLO, E	LIEZER	at (407)	240-146 7 Daytime Telephone Number
	(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a c	heck for \$35.00 made	e payable to the Florida Dep	partment of State.
Street Address Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	ection rporations g e Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	j

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. NELSON CESPEDES	, hereby resign as VICE PRESIDENT		
	(Title)		
of _CHENEY PHYSICAL THERA	•		
(Name	of Corporation)		
P07000040030	, a corporation organized under the laws of the State of		
(Document Number, if known)	<u> </u>		
FLORIDA			
	_		
	<i>a</i>		

FILING FEE IS \$35.00

ure of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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