

P07000048812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

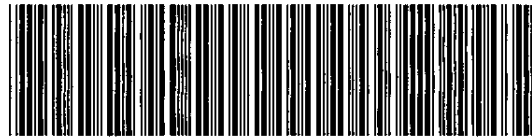
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800160909638

*Resignation
of Officer*

09/23/09--01009--017 **35.00

FILED
2009 SEP 23 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ad2
9/25/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medi-K Therapy Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000040012

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

Please return all correspondence concerning this matter to the following:

Ronald Sagarra
(Name of Person)

Medi-K Therapy Inc
(Name of Firm/Company)

1490 W 49th Place, STE 540
(Address)

Hiakan FL, 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

David Karaian at (786) 5972787
(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

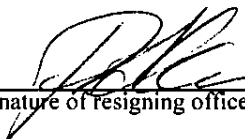
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2009 SEP 23 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ronald Sagarra, hereby resign as President / Director
(Title)

of Medi-K Therapy, Inc
(Name of Corporation)

DA7000040012, 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