

P080000017897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Resignation
of officer*

01/09/09--01021--022 **35.00

2009 JAN -9 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*ASR
1/16/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURAL HEALTH THERAPY CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000017897

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

Please return all correspondence concerning this matter to the following:

SUAREZ, ROSARIO

(Name of Person)

NATURAL HEALTH THERAPY CENTER, INC.

(Name of Firm/Company)

708 S DIXIE HWY

(Address)

HALLANDALE, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

SUAREZ, ROSARIO

(Name of Person)

at (954) 802-6413

(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 JAN -9 PM 4:55

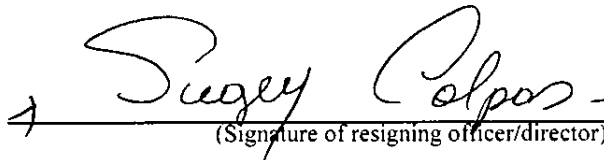
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, COLPAS, SUGEY, hereby resign as PRESIDENT
(Title)

of NATURAL HEALTH THERAPY CENTER, INC.
(Name of Corporation)

P08000017897, 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