

P09000038772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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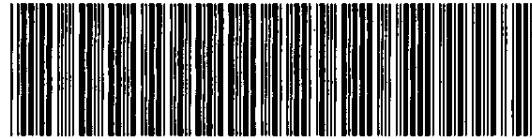
(Business Entity Name)

(Document Number)

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11 DEC -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AQUA PARK PHYSICAL THERAPY, INC.
Name of Corporation

DOCUMENT NUMBER: P09000038772

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SID C. PETERSON, JR., ESQUIRE
Name of Contact Person

DeLOACH & PETERSON, P.A.
Firm/Company

418 CANAL STREET
Address

NEW SMYRNA BEACH, FL 32168
City/State and Zip Code

CANAL418@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SID C. PETERSON, JR., ESQUIRE at (386) 428-2464
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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**

FILED
11 DEC -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, DEBORAH JARNAGIN-STEARNES, hereby resign as Director
(Title)

of AQUA PARK PHYSICAL THERAPY, INC.
(Name of Corporation)

P09000038772, 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