

P090000047573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT 20 2009

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Century Rehab of Orlando  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Paul W Menzies D.C.  
(Name of Person)

Clarcona Family Chiropractic Inc  
(Name of Firm/Company)

4522 Clarcona Ocoee Rd Ste 200  
(Address)

Orlando FL 32810  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Menzies D.C. at (321) 594-0762  
(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**

I, Paul Menzies D.C., hereby resign as President/owner  
(Title)  
of Century Rehab of Orlando  
(Name of Corporation)  
PO9000047573, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Paul Menzies D.C.  
(Signature of resigning officer/director)

**FILED**  
2009 OCT 19 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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