P09000051078

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
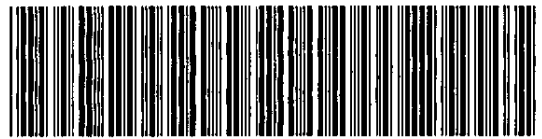(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

04/19/10--01024--024   **35.00

FILED
10 APR 19 AM 11: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts   APR 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THERAPEUTIC HEALTH CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000051078

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

Please return all correspondence concerning this matter to the following:

Claude B. Romulus
(Name of Person)

Claude B. Romulus, MD, MPH
(Name of Firm/Company)

6211 SW 32nd Street
(Address)

Miramar, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Romulus at (954) 5349981
(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

CR2E044(08/05)

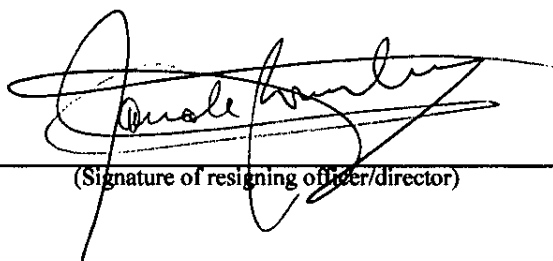# OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED
10 APR 19 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, __Claude B. Romulus, MD, MPH__, hereby resign as __President or Director__

(Title)

of __Therapeutic Health Center, Inc.__,

(Name of Corporation)

__P09000051078__, 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