

PO9000064518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 MAY 22  
SECRET  
TALLAHASSEE



## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ULTIMATE PERFORMANCE HEALTH, P.A.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000064518  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

DAVID POCES  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

ULTIMATE PERFORMANCE HEALTH, P.A.  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Firm/Company)

P.O. BOX 1088  
\_\_\_\_\_

\_\_\_\_\_  
(Address)

BOCA RATON, FL 33429  
\_\_\_\_\_

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID POCES  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

at ( 561 ) 302-6820

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
2023 MAY 22 11  
SECRETARY  
TALLAHASSEE

I, MICHELE POCES, hereby resign as SECRETARY  
(Title)

of ULTIMATE PERFORMANCE HEALTH, P.A.  
(Name of Corporation)

P09000064518, 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