

P1000010725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

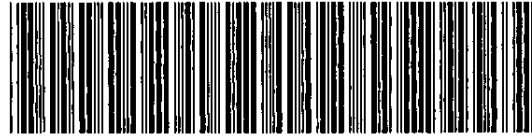
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP -4 PM 4:15

FILED

SEP -5 2012

T. LEWIS

Off Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Morgan Medical & Therapy Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P70000020725

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

Please return all correspondence concerning this matter to the following:

~~El Courtney R. Morgan~~ Erica Chaplin
(Name of Person)
~~El Morgan Medical & Therapy Center, Inc.~~ Chaplin
(Name of Firm/Company) Law Firm, PLLC
10580 Saw Village Center Drive, Suite 156
(Address)
Port St. Lucie, FL 34987
(City/State and Zip Code)

For further information concerning this matter, please call:

Erica Chaplin at (305) 793-5612
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2012

ERICA CHAPLIN
10380 SW VILLAGE CENTER DRIVE
SUITE 156
PORT ST. LUCIE, FL 34987

SUBJECT: MORGAN MEDICAL & THERAPY CENTER INC
Ref. Number: P10000010725

We have received your document for MORGAN MEDICAL & THERAPY CENTER INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 712A00015883

RECEIVED

12 SEP -4 PM 12:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

12 SEP -4 PM 4:15

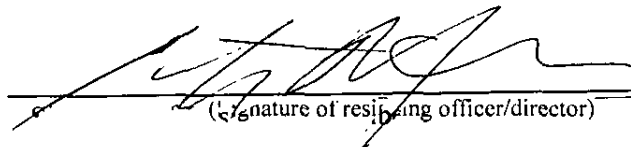
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Courtney Morgan, hereby resign as PD
(Title)

of Morgan Medical & Therapy Center Inc
(Name of Corporation)

P100000 10725, 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