

P10000022032

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

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3/16/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST CHOICE THERAPY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000022032

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

Please return all correspondence concerning this matter to the following:

MARISEL, CABRERA

(Name of Person)

(Name of Firm/Company)

2519 WEST 70 STREET

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MARISEL CABRERA

(Name of Person)

at (786) 252-5241

(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:

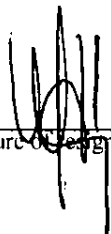
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARISEL CABRERA, hereby resign as PRESIDENT
(Title)

of BEST CHOICE THERAPY, INC.
(Name of Corporation)

P10000022032
(Document Number, if known), a corporation organized under the laws of the State of
FLORIDA.


(Signature of resigning officer/director)

2011 MAR 14 PM 3:18
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