P10000080819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

10/13/15

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, LOHENDY BARO, hereby resign as PRESIDENT
(Title)

of THERAPY MEDICAL GROUP INC,
(Name of Corporation)

P10000080819, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

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x _____
(Signature of resigning officer/director)

FILING FEE IS $35.00

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