P11000039848

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MIZ OCT -1 AN 9: 34
SECRETARY OF STATE
AND ANASSEE, FLORUM

Off Resign

OCT - 2 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OPTIMAL MOVEM	ENT HEALTH SERVICES, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P11	000039848
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
CHAUNTE MCCREA	
(Name of Per	son)
OPTIMAL MOVEMENT HEAL	TH SERVICES, INC.
(Name of Firm/C	ompany)
20255 NW 3 AVENUE	
(Address)	
MIAMI, FLORIDA 33168	
(City/State and Z	p Code)
For further information concerning	this matter, please call:
WILMA WILCOX	at (786) 419-2631 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

FILED

20CT - I AM 9: 34

SECKE TARY OF STATE
TALLAHASSEE, FLORIDA

, hereby resign as VICE PRESIDENT
(Title)
ALTH SERVICES, INC.
ne of Corporation)
, a corporation organized under the laws of the State of
www.
(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