P11000061704

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

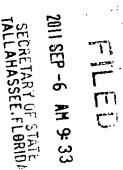
Office Use Only



600211664206

resegnation

09/06/11--01005--007 **35.00



POR 9/9/11

COVER LETTER

Division of Corporations
SUBJECT: Gables Medical & Therapy Center Inc. (Name of Corporation)
DOCUMENT NUMBER: P110000 61704
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Courtney Morgan (Name of Person)
,
(Name of Firm/Company)
3001 Mw 49th Avenue Suite 202
Lander da le Lakes, FL 33313 (City/State and Zip Code)
For further information concerning this matter, please call:
Courtney Morgan at (305) 773-3744 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2011 SEP -6 AM 9: 33

SECRETARY OF STATE TALLAHASSEE.FLORID:

I. Courthey Morgan, hereby resign as Vice President (Title)

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

PHODODIO 1704, a corporation organized under the laws of the State of
(Document Number, if known)

FLorida, as my name was listed without

my consent or authoring atten.

(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