

P11000092875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300253852013

11/18/13--01007--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 18 PM 1:25

PO

NOV 21 2013  
T. LEMIEUX

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACCELERATED THERAPY SOLUTIONS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000092875

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

Please return all correspondence concerning this matter to the following:

ALEX SOAVE  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4420 NW 28<sup>th</sup> WAY  
(Address)

BOCA RATON FL 33434  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Soave at (561) 577 4860  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alex Soave, hereby resign as President  
(Title)

of ACCELERATED THERAPY SOLUTIONS INC.  
(Name of Corporation)

P11000092975, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
13 NOV 18 PM 1:25  
DIVISION OF CORPORATIONS

**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