

PN000008800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

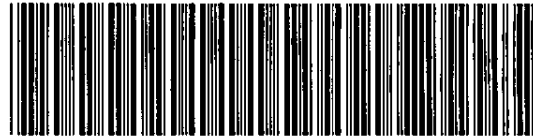
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FFR 17 2014  
C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Therapeutic Health Ctr, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000008800

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

Please return all correspondence concerning this matter to the following:

Moulton Keane

(Name of Person)

(Name of Firm/Company)

9951 SW 4th St

(Address)

Plantation/ FL/ 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Moulton Keane

(Name of Person)

at ( 954 ) 607-1493

(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, Moulton Keane, hereby resign as President  
(Title)

of Therapeutic Health CTR, Inc.  
(Name of Corporation)

P14000008800, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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

**FILED**  
**14 FEB 13 AM 9:45**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA