

PI4000008800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

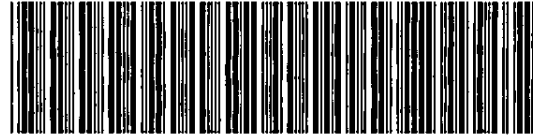
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000256035490

02/26/14--01012--009 **87.50

Resignation
to RA

FILED
2014 FEB 26 PM 1:29
DEPT OF STATE
TALLAHASSEE, FLORIDA

2/27/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THERAPEUTIC HEALTH CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000008800

The enclosed Resignation of Registered Agent 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 made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2014 FEB 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Moulton Keane

(Name of Registered Agent)

hereby resigns as Registered Agent for Therapeutic Health Ctr, Inc.


(Name of Corporation)

P 14000008800

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314