

PH1000021629

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

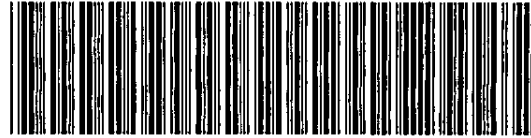
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*QDPes*

APR 07 2016

R. WHITE

FILED  
16 APR -4 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Recovery Institute of the South East PA  
Name of Corporation

**DOCUMENT NUMBER:** PH000029629

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bet Shaddinger umf.n.e. All  
Name of Contact Person

Recovery Institute of the South East PA  
Firm/Company

700 E. Atlantic Blvd Suite 201  
Address

Pompano Beach FL 33060  
City/State and Zip Code

BetShaddinger@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bet Shaddinger at (609) 287-5673  
Name of Contact Person Area Code & Daytime Telephone Number

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

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

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

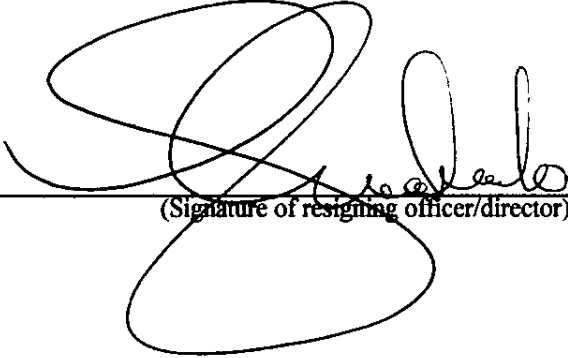
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Dr. Gina L. Marchando DMFT hereby resign as CEOP  
(Title)

of Recovery Institute of the South East, P.A.  
(Name of Corporation)

P14000029629, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR -4 PM 3:45

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Recovery Institute of the South East, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** DI4000029639

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

Please return all correspondence concerning this matter to the following:

Bet Shaddinger, UMF, NCC, C-4  
(Name of Person)

Recovery Institute of the South East P.A.  
(Name of Firm/Company)

700 E. Atlantic Blvd Suite 201  
(Address)

Pompano Beach FL 33066  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bet Shaddinger, UMF at (609) 527-5673  
(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