

P960000036651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

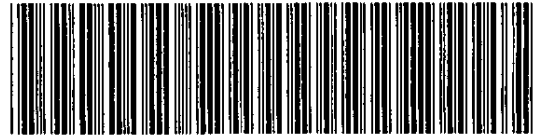
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Remove Officer
(Name of Corporation)

DOCUMENT NUMBER: P96 000036651

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

Please return all correspondence concerning this matter to the following:

Michele Waldfoegel
(Name of Person)

Arthritis - Osteoporosis Treatment and Research
(Name of Firm/Company) Center, Inc

20880 W. Dixie Hwy #101
(Address)

North Miami Beach, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

George Munoz, M.D. at (305) 682-1441
(Name of Person) (Area Code & Daytime Telephone Number)

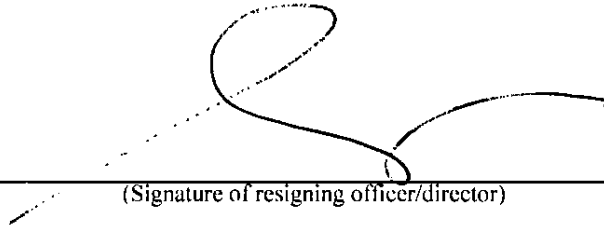
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michele Waldfage hereby resign as Officer
(Title)
of Arthritis-Osteoporosis Treatment and Research
(Name of Corporation) Center, Inc
P96000036651, 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS