P96000046911

Requester's Name

Address

City/State/Zip Phone #

No Return

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 26 PM 4:06

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

300003404153--0
-09/26/00--01044--023
*****35.00 *****35.00

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Officer Resignation

Examiner's Initials LFT

9-28-2000

CR2E031(7/97)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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OFFICER / DIRECTOR RESIGNATION

I, Connie Cohen, hereby resign as Director and President
(Title)

of Coconut Creek Therapy, Inc.,
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

FILING FEE IS $35.00

CR2E044(10/96)