

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 #)

☐ 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

- ☐ 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

00 SEP 26 PM 4:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Officer Resignation

Examiner's Initials

L.F.T.

9-28-2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 PM 4:06

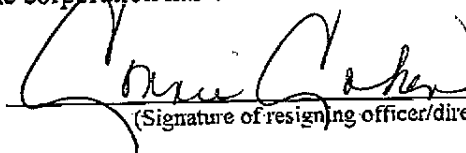
OFFICER / DIRECTOR RESIGNATION

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