

P96 000095439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

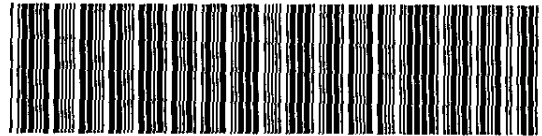
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05 AUG 11 AM 10:09

CLERK OF STATE  
TALLAHASSEE, FLORIDA

PS 8/14/05  
O/S Res

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Progressive Therapy Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P96000095439

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

Please return all correspondence concerning this matter to the following:

Tina Huffaker

(Name of Person)

Avante Group Inc.

(Name of Firm/Company)

4000 Hollywood Blvd. #540N

(Address)

Hollywood, Florida 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Huffaker

(Name of Person)

at ( 954 ) 987-7180 Ext. 219

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
05 AUG 11 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Darren Caruso, hereby resign as President and Director  
(Title)

of Progressive Therapy Services, Inc.  
(Name of Corporation)

P96000095439, 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