

P97000003054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

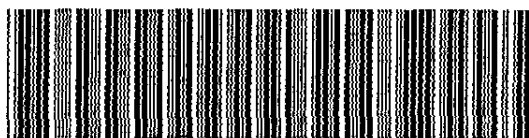
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300022125763

*Resignation of
Officer*

08/07/03--01021--021 **70.00

FILED
03 AUG -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADR
8/12/03*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Point Plus Rehabilitation
(Name of Corporation)

DOCUMENT NUMBER: P97000003054

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

Please return all correspondence concerning this matter to the following:

Darren Lastofsky
(Name of Person)

(Name of Firm/Company)

10037 Lexington Estates Blvd
(Address)

Boca Raton, FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Lastofsky at (954) 232-1044
(Name of Person) (Area Code & Daytime Telephone Number)

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

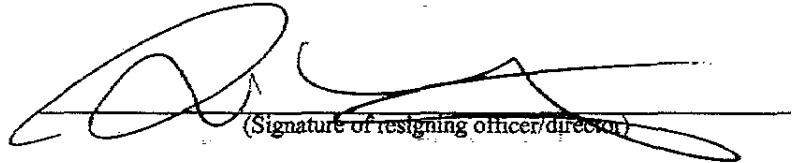
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

03 AUG -7 PM 4:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DARREN LASTOFFSKY, hereby resign as President
(Title)
of POINT PLUS REHABILITATION, INC
(Name of Corporation)
P97000003054, 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