

P99000005610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

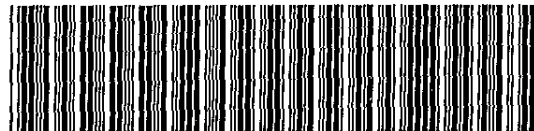
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

CD / Res
@ 9/25/03



200023211212

03/22/03--01014--001 **385.00

FILED
03 SEP 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Absolute Therapy, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000005610

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

Please return all correspondence concerning this matter to the following:

Cathy J. Lerman

(Name of Person)

Absolute Therapy, Inc

(Name of Firm/Company)

1501 NW 49 Street, Suite 200

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

William Guthrie

(Name of Person)

at (954) 938-3770

(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

FILED
03 SEP 22 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

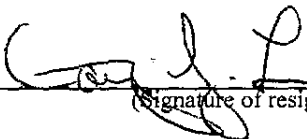
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cathy J. Lerman, hereby resign as Secretary
(Title)

of Absolute Therapy, Inc.
(Name of Corporation)

P99000005610, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
03 SEP 22 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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