

✓25218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

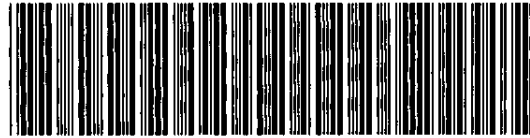
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300239353533

09/10/12--01028--020 **35.00

FILED
12 SEP 10 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 12 2012

C. MUSTAIN

ODK

COVER LETTER

TO: Amendment Section
Division of Corporations

Therapy Associates Of Sarasota, Inc.
SUBJECT: _____
V25218 (Name of Corporation)
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Edward h. Sarbey

(Name of Person)

Therapy Associates of Sarasota, Inc.

(Name of Firm/Company)

PO Box 5026

(Address)

Sarasota, FL 34277

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward H. Sarbey _____ at (941) 366-0600
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

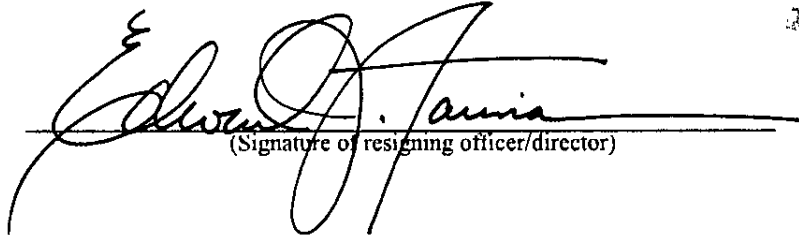
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Edward J. Farina Secretary
I, _____, hereby resign as _____
(Title)

Therapy Associates Of Sarasota, Inc.
of _____
(Name of Corporation)

V25218
_____, a corporation organized under the laws of the State
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
12 SEP 10 PM 12:10
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