1-L04000003531/FILED

(Requestor's Name)
Trinity Rehab, LLC. 10105 Cortez Boulevard Brooksville, FL 34613.
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, AZARIAH PACKIARAT, hereby resign as PRESIDENT
of Trinity Rehab cce (Limited Liability Company)
a limited liability company organized under the laws of the State of florida.
and affirm that the limited liability company has been notified in writing of the resignation.
A. Pack j 09-02-04
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

ENCL: CHECK FOR \$2500 DT 9/2/04