

P110000 24203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

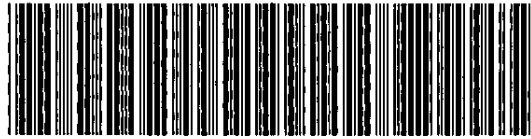
(Business Entity Name)

(Document Number)

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08/16/12--01006--004 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 AUG 16 PM 12:26

*Off/Dir Resign*

AUG 17 2012

T. CAULEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rehab SWFL, Inc. / Rehab Club  
\_\_\_\_\_  
(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:

**Audri Graham**

\_\_\_\_\_  
(Name of Person)

**Rehab SWFL Inc. / Rehab Club**

\_\_\_\_\_  
(Name of Firm/Company)

**3580 Evans Ave**

\_\_\_\_\_  
(Address)

**Fort Myers, FL 33901**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Audri Graham**

\_\_\_\_\_  
(Name of Person)

at ( **239** ) **821-1343**

\_\_\_\_\_  
(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 16 PM 12: 26

I, Audri Graham, hereby resign as President  
(Title)

of Rehab SWFL Inc  
(Name of Corporation)

P110000024203, 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