

PO2000092466

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REHABILITATION CENTER OF ORLANDO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000092466

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

Please return all correspondence concerning this matter to the following:

IYUNIA AUTWOSKOW

(Name of Person)

REHABILITATION CENTER OF ORLANDO, INC.

(Name of Firm/Company)

4555 HOFFNER AVENUE

(Address)

ORLANDO, FL 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

IYUNIA AUTWOSKOW

(Name of Person)

at (407) 857-6100

(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**

I, CHRISTINA COPPING, hereby resign as PRESIDENT
(Title)

of REHABILITATION CENTER OF ORLANDO, INC.
(Name of Corporation)

P02000092466, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY 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