

579502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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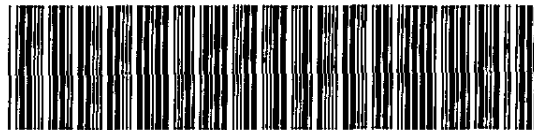
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 12 AM 10:05

FILED

5 7/20/04  
21/1/05



Dover, DE ~ Los Angeles, CA ~ Sacramento, CA ~ Albany, NY ~ New York, NY

July 8, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: RESIGNATION OF REGISTERED AGENT

Dear Sir/Madam:

Enclosed please find 2 Resignations of Registered Agent along with 2 checks in the amount of \$87.50 each for the cost of these filings. If you have any problems or questions regarding this, please contact my office.

Sincerely,

Tracy Hatfield  
Registered Agent Specialist  
National Corporate Research, Ltd.

/tah  
Enclosures

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REHABILITATIVE ASSOCIATES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 579502

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Hatfield

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 S. DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Hatfield

(Name of Person)

at ( 800 ) 483-1140 x1023

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

04 JUL 12 AM 10:06

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, LTD., INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for REHABILITATIVE ASSOCIATES, INC.

(Name of Corporation)

579502

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Wayne Rafanelli

(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli

(Typed or Printed Name)

Vice President, National Corporate Research, Ltd., Inc.

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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