

**F09000001694**

SILDAVIS  
MORELLA & ASSOCIATES  
706 ROCHESTER RD  
PITTSBURGH PA 15237

(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



**900189146569**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -3 PM 1:29

01/03/11--01015--020 \*\*35.00

*withdr.*  
**C.COULLIETTE**

JAN 05 2011

**EXAMINER**



Peter A. Spangler

paspangler@morellalaw.com  
(412) 369-9696 x120

December 30, 2010

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Via Overnight Courier**

Re: Associates in Rehabilitation Management, Inc., (the "Company")

Dear Sir/Madam:

Enclosed please find an original Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida (the "Application") for the Company, along with a check in the amount of \$35.00 for the required filing fee.

Should the enclosed be acceptable to you, please file the Application on behalf of the Company. Once filed, please return the filed Application to our office at the address listed at the bottom of this letter.

Thank you for your assistance in this matter. Should you have any questions, please call.

Sincerely,

A handwritten signature in black ink, appearing to be "P. Spangler".

Peter A. Spangler

PAS/slk

Enclosures

cc: Associates in Rehabilitation Management, Inc. (w/enclosures)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Associates in Rehabilitation Management, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F09000001694

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Peter A. Spangler, Esquire

(Name of Person)

Morella & Associates, A Professional Corporation

(Firm/Company)

706 Rochester Road

(Address)

Pittsburgh, Pennsylvania 15237

(City/State and Zip code)

For further information concerning this matter, please call:

Peter A. Spangler, Esquire

(Name of Person)

at ( 412 )

369-9696

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Associates in Rehabilitation Management, Inc.

(Name of Corporation)

F09000001694

(Document Number of Corporation (if known))

Pennsylvania

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

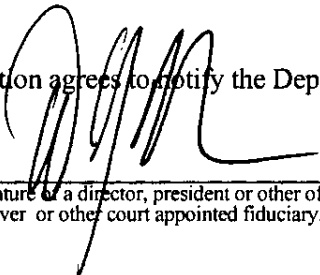
2741 Noblestown Road

(Mailing Address)

Pittsburgh, Pennsylvania 15205

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David J. Miller

(Typed or printed name of person signing)

12/20/10  
(Date)

President/Treasurer

(Title of person signing)

**FILING FEE \$35**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -3 PM 1:30