

G60698

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Longwood Rehabilitative Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: G 60698

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

Please return all correspondence concerning this matter to the following:

Harvey M. Alper, Esquire

(Name of Person)

Law Offices of Harvey M. Alper

(Name of Firm/Company)

Post Office Box 162967

(Address)

Altamonte Springs, FL 32716-2967

(City/State and Zip Code)

For further information concerning this matter, please call:

Harvey M. Alper

(Name of Person)

at (407) 869-0900

(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**

I, Donna R. Best, hereby resign as DVST
(Title)

of Longwood Rehabilitative Services, Inc.
(Name of Corporation)

G 60698, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Donna R. Best
(Signature of resigning officer/director)
DONNA R. BEST

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DIVISION OF CORPORATIONS
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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