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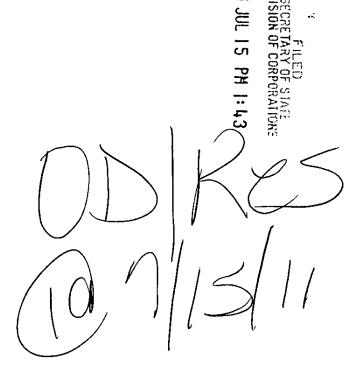
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: OCCUPATIONAL AN	ID REHABILTATION CENTER, P.A.
	(Name of Corporation)
DOCUMENT NUMBER: J3645	57
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
DR. CARLOS A. OTEYZA	•
(Name of Perso	n)
•	
(Name of Firm/Com	ipany)
6144 GAZEBO PARK PL. S # 10)1
(Address)	
JACKSONVILLE, FL 32257	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
DR. JACKSON C. TAN	at (904) 260-3011 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section Division of Corporations	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. DR CARLOS A. OTEYZA	, hereby resign as SECRETARY	
"	(Title)	
of OCCUPATIONAL AND REHA		
(Nam	e of Corporation)	
J36457 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	·	
	Officer/director)	
	(Digitatian of Todigning Officer/anotor)	

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