

J36457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OCCUPATIONAL AND REHABILITATION CENTER, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** J36457

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

Please return all correspondence concerning this matter to the following:

CARLOS A. OTEYZA

(Name of Person)

(Name of Firm/Company)

6144 GAZEBO PARK PLACE S STE 101

(Address)

JACKSONVILLE, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. JACKSON C. TAN

(Name of Person)

at ( 904 ) 260-3011

(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, CARLOS A. OTEYZA, hereby resign as PRESIDENT  
(Title)

of OCCUPATIONAL AND REHABILITATION CENTER, P.A.  
(Name of Corporation)

J36457, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

C. Oteyza  
(Signature of resigning officer/director)

**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

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