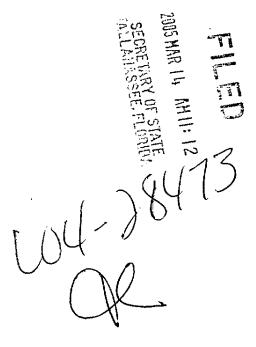
## 

(Coguestoda Noir		
INTEGRATED MEDICAL REHABILITATION Box 390216 Edina, MN 55439		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





03/14/05--01009--005 \*\*25.00



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Douglas Hanson	, hereby resign as Manager
	(Title)
of Integrated Medical Rehabilitation, LLC	•
(Limited Liab	oility Company)
a limited liability company organized under the l	aws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.	
Douglas Da	nson
(Signature/of resigning manager, managing member or member)	

## FILING FEE IS \$25.00

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