

Florida Department of State

Division of Corporations Public Access System

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| of State is: REHAB CARE, LLC | uppears on the records or | the Florida Departmen |
|---|--------------------------------|------------------------|
| 2. This limited liability company was organized un FLORIDA | der the laws of: | |
| 3. The Florida document/registration number of the L05000115457 | is limited liability compa | ry is: |
| 4. I, FANY CARMONA (Print Name of Person Resigning) | , hereby resign as a | S |
| (Print Name of Person Resigning) | | (Print Title) |
| of this limited liability company and affirm the li | mited liability company h | as been notified of my |
| resignation in writing. | | |
| fany Carmon | ~ | · |
| resignation in writing. Fany Carmone Signature of Resigning Member, Managing Mem | nber or Manager | • • |
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| fany Carmon | nber or Manager | |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA