

LUBC00006 30910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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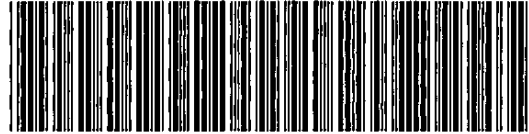
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED-REHAB USA, LLC

(Name of Corporation)

DOCUMENT NUMBER: L06000003096

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

Please return all correspondence concerning this matter to the following:

ROBERTO CALCANO

(Name of Person)

MED-REHAB USA, LLC

(Name of Firm/Company)

2751 WEST 81 STREET UNIT 6

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO CALCANO

(Name of Person)

at (786) 2904595

(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, ANTONIO J. CALCANO, hereby resign as MANAGER
(Title)

of MED-REHAB USA, LLC
(Name of Corporation)

L06000003096, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Antonio J. Calcagno
(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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