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•COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: The Parkinson Charitable Rehabilitation, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N07000006337	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
Osvaldo Garcia	
(Name of Person)	
The Parkinson Charitable Rehabilitation, Inc.	
(Name of Firm/Company)	
9301 SW. 56th Street Suite D	
(Address)	
Miami/Florida, 33165	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Osvaldo Garcia at (786) 2528976 (Name of Person) (Area Code & Daytime Telephone Nur	
(Name of Person) (Area Code & Daytime Telephone Nur	mber)
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

Antonio R. Larralde	, hereby resign as Treasurer
,	(Title)
of The Parkinson Charitable F	lehabilitation, Inc.
	ume of Corporation)
N0700006337 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	Im a family

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314