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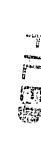
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## **COVER LETTER**

SUBJECT: The Foundation for	r Advancement of Rehabilitative and Movement S (Name of Corporation)
DOCUMENT NUMBER: P98	B000002660
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
Rhonda James	
(Name of Pe	rson)
University of St Augustine for	Health Sciences
(Name of Firm/C	Company)
1 University Blvd	
(Address	)
St. Augustine, FL 32086	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Rhonda James	at ( 904 ) 826-0084, 284
(Name of Person)	at ( 904 ) 826-0084, 284 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Matthew Anderson	, hereby resign as D	
· · · · · · · · · · · · · · · · · · ·		(Title)
/L	ncement of Rehabilitative and Movemen	t Sciences, inc
(	Name of Corporation)	
P98000002660 (Document Number, if known)	, a corporation organized under the lav	vs of the State of
Florida	·	
	(Signature of resigning officer/director)	2011 HAR -7 1 SEGGETARY C
,		PR I

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