PODOC	00	1279	
Requester's Name () 9615 Promine Blad. Address Mew Part Rickey 31 34 City/State/Zip Phone #	654	- 01/2	14 6. 10
NO RETURN ASSPESS CORPORATION NAME(S) & DOCUM	ENT NUMBER(S),	Office Use Only (if knewick	 ->
1(Corporation Name)	(Document #))	
2(Corporation Name)	(Document #	600003929 -03/29/010 *****35.00	18264 01075-008 *****35.00
3. (Corporation Name)	(Document #)	<u>***</u> **
4(Corporation Name)	(Document #)	
Walk in Pick up time	<u> </u>	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Statu	IS
NEW FILINGS	AMENDMENTS	3	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of	of R.A., Officer/Director egistered Agent	<u>.</u>
OTHER FILINGS	REGISTRATIO	N/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Parti Reinstatemen Trademark Other		0
		Examiner's Initials	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

OI MAR 29 PM 6: 10

I, E HAINE 8 KAGGS, hereby resign as DiRECTOR (Title)
of Diagnostic & Rehab Services of Forda, In
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation. (Signature of resigning officer director)

FILING FEE IS \$35.00

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