

P00000006020

Requester's Name

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Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 500007082925--9  
-08/13/02--01071--005  
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 AUG 12 PM 2:36

*Officer Resignation*  
Examiner's Initials *LS*

8-13-2002

**RESIGNATION OF ABRAHAM SHAULSON AS  
DIRECTOR, PRESIDENT, SECRETARY AND TREASURER  
OF NORTH MIAMI REHABILITATION CENTER, INC.**

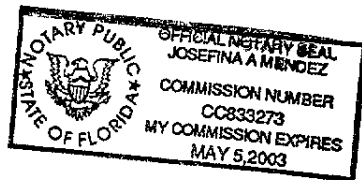
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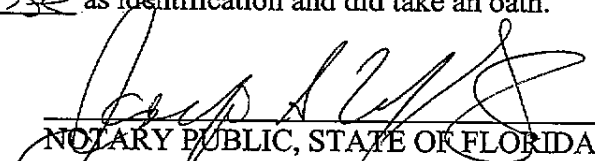
ABRAHAM SHAULSON hereby tenders his resignation as Director, President, Secretary and Treasurer of NORTH MIAMI REHABILITATION CENTER, INC., a Florida corporation. Mr. Shaulson tenders his resignation as Director, President, Secretary and Treasurer of said corporation effective immediately. Dated this 18th day of May 2001.

  
ABRAHAM SHAULSON

STATE OF FLORIDA                   )  
COUNTY OF DADE                ) ss.

The foregoing instrument was acknowledged before me this 18th day of May 2001, by ABRAHAM SHAULSON, individually. That he is personally known to me or has produced a Fl. drivers license as identification and did take an oath.



  
NOTARY PUBLIC, STATE OF FLORIDA  
Josefa A. mendez  
PRINTED NAME: