

PO00000032077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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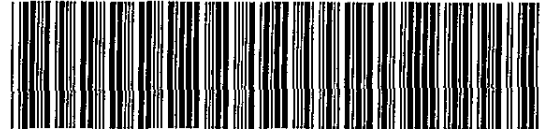
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Rehabilitation Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000032077

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

Please return all correspondence concerning this matter to the following:

Jeffrey Senter

(Name of Person)

West Rehabilitation Center, Inc

(Name of Firm/Company)

857 Sand Creek Circle

(Address)

Weston, FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Senter

(Name of Person)

at (954) 520-1952

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

04 DEC 21 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jeffrey Senter, hereby resign as President/Director
(Title)

of West Rehabilitation Center, Inc.
(Name of Corporation)

P00000032077, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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