

P00000036228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

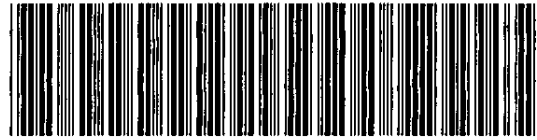
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300074197133

05/09/06--010001
06 MAY -9 PM 3:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off
Ref
S4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Progress Rehabilitation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO00000036228

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

Please return all correspondence concerning this matter to the following:

Alfredo Trujillo
(Name of Person)

(Name of Firm/Company)

13601 NW 10 ST
(Address)

Miami FL 33182
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfredo Trujillo at (305) 553-2344
(Name of Person) (Area Code & Daytime Telephone Number)

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

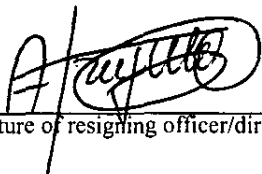
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alfredo Trujillo, hereby resign as vice President
(Title)

of Progrell Rehabilitation, Inc.
(Name of Corporation)

P000000036228, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
06 MAY -9 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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