P00000093516 FILED Requester's Name 01 FEB -9 PM 12:51 Address SECRETARY OF STATE TALLAHASSEE, FLORIDA City/State/Zip Phone # ands- soutu #14 gru Street -14.33161 (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy ☐ Mail out Certificate of Status Will wait AMENDMENTS **NEW FILINGS** \*\*\*\*\*35.00 \*\*\*\*\*35.00 Amendment Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS □ Foreign ☐ Annual Report Limited Partnership Fictitious Name Reinstatement Trademark

Other

Examiner's Initials

CR2E031(7/97)

OI FEB -9 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, Jay RAVEDE, hereby resign as President (Title)
of South Florida Rehab Specialist, Inc. (Name of Corporation)
a corporation organized under the laws of the State of Poplo A
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