

PO1000070143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

off. Resign.

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MAR - 8 2010

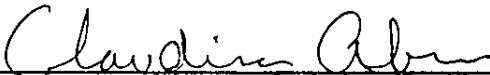
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDINA ABREU, hereby resign as PRESIDENT, VP, S, T, D
(Title)

of ROYAL COAST REHABILITATION CENTER, INC
(Name of Corporation)

P01000070143, 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

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