

P01000079302

Personal Care Rehab
2760 sw 97 ave
Miami FL 33165

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
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*****35.00 *****35.00

- ☐ 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

02 MAY -2 AM 10:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/02

Examiner's Initials *T. Lewis*



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
MAY - 2 AM 10:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, MARYLYN ROSALES after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, MARYLYN ROSALES hereby resign as DIRECTOR
Vice-President of
(Title)
PERSONAL CARE REHAB, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

x Marylyn Rosales
Signature of resigning officer/director

Sworn to and subscribed before me this 25 day of APRIL 2002.

NOTARY PUBLIC
Jose O Escarpi
My Commission CC834099
Expires May 8, 2003

Jose O. Escarpi
NOTARY PUBLIC

My Commission Expires: 05-08-2003
00834099

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