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

1. AMERICAN RECOVERY SYSTEMS OF SOUTH FLORIDA, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

C. Coulllette MAY 13 2002

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Jose L. Rojas, hereby resign as P/D
(Title)
of American Recovery Systems of South Florida, Inc.
(Name of Corporation)
a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

x [Signature]
(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**