

PA1000113632

(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



900111307639

*Off Resign
Lewis*

10/26/07--01020--009 **35.00

FILED

2007 OCT 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Everglades Rehab Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000113632

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

Please return all correspondence concerning this matter to the following:

Liz Alvarez
(Name of Person)

Everglades Rehab Center Inc
(Name of Firm/Company)

5050 NW 74 Ave Ste. H
(Address)

Miami, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Liz Alvarez at (786) 506-4845
(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**

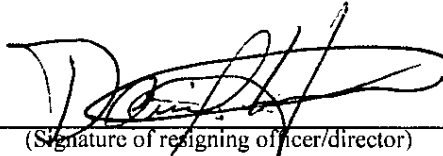
FILED
2007 OCT 26 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Danilo Herrera, hereby resign as VSD
(Title)

of Everglades Rehab Center, Inc.
(Name of Corporation)

P01000113632, 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