

PO1000120198

(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



200079853262

09/28/06--01017--011 **35.00

OK / Dir Resub

FILED
06 SEP 28 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 28 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REHABFIRST, INC
(Name of Corporation)

DOCUMENT NUMBER: P 0100120198

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

Please return all correspondence concerning this matter to the following:

PETER SCOTT
(Name of Person)

REHABFIRST, INC
(Name of Firm/Company)

P.O. Box 15310
(Address)

SARASOTA, FL 34227
(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE SCOTT at (941) 376 2086
(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
SEP 28 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, PETER SCOTT, hereby resign as DIRECTOR (Title)

of REHAB FIRST, INC (Name of Corporation)

P01090120198, 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