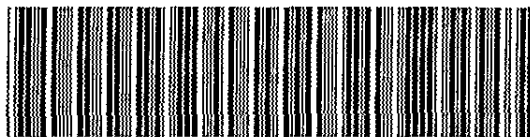


P02000028217

(Requestor's Name)

- Life & Health  
330 SW 27 Ave #703  
- Miami FL 33135



600013544676

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03 MAR 10 PM 3:48

*o/p resig.*

V SHEPARD MAR 17 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Life & Health Rehab Center, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000028217

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

Please return all correspondence concerning this matter to the following:

Adriano Vidaud

(Name of Person)

Life & Health Rehab Center, Inc.

(Name of Firm/Company)

330 S.W. 27 Avenue Ste 703

(Address)

Miami, Florida 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Adriano Vidaud

(Name of Person)

at ( 305 ) 541-7770

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

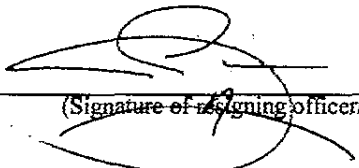
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DIVISION OF CORPORA.  
03 MAR 10 PM 3:46

I, Aisa Perera, hereby resign as President  
(Title)

of Life & Health Rehab Center, Inc.  
(Name of Corporation)

P02000028217, 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