## 2RAD00042375

Department of State Division of Corporation Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Comfort Medica

300006902453--4 -08/05/02--01075--006 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Enclosed is an original and one (1) copy of the Officer/Director Resignation and a check for \$ 35 for filing fees.

FROM:

N. 56th St., Ste2

City, State & Zip

Daytime Telephone Number

Officer/Director Resignation 0.8/12/02

## OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STALL BUTTER OF CORPORATIONS

I, MELODY ZAKI, hereby resign as Secretary (Title)	£6	SKOLL
of COMFORT MEDICAL REHAB INC. (Name of Corporation)		<u>-</u> :

a corporation organized under the laws of the State of FLORIDA

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

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