

PO2000060491

(Registrant's Name)

SIMONE MILLE  
- 14481 PINE LILY DR  
- FT. MYERS, FL 33908

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

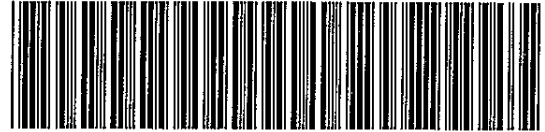
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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10/10 Des.

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03 FEB 25 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER/DIRECTOR RESIGNATION**

I, SIMONE MILCE, hereby resign as an Officer and Director of Family Medical & Rehab Centers, Inc. (Corporate # HO 2000146152 2), a corporation organized under the laws of the State of Florida, and affirm that the corporation has been notified in writing of the resignation.

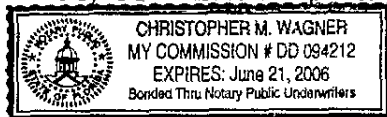
  
Simone Milce, Resigning Officer/Director

Sworn To before me, the undersigned authority this 19 day of February, 2003.

  
Notary Public, State of Florida

CHRISTOPHER WAGNER  
Printed Name/Notary Public

My Commission Expires:



**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**