P02000102296



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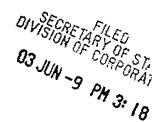
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WEST PALM REHAB, INC (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: P02000102296
The enclosed Structural to Thomas of Registered Office Agent and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
OLGA MIRER
(Name of person)
WEST PALM REHAB, INC
(Name of firm/company)
4047 OKEECHOBEE BLVD, SUITE 226-227
(Address)
(Address)
WEST PALM BEACH, FL 33409
(City/state and zip code)
For further information concerning this matter, please call:
OLGA MIRER 04 / 561 \ 684-0883
OLGA MIRER at (561) 684-0883 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



L ALEKSANDR PRASIEVI	, hereby resign as	VP
		(Title)
of_WEST PALM REHAB, INC		
(Nam	e of Corporation)	
P02000102296 (Document Number, if known)	, a corporation organized under the	laws of the State of
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