

P02000108457

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

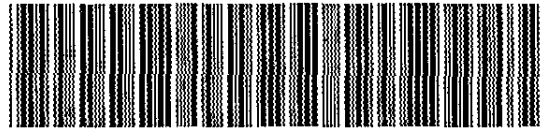
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation AS DIRECTOR OF  
L. A. MEDICAL REHABILITATION CENTER INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000108457

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

Please return all correspondence concerning this matter to the following:

NELSON RAPALO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2345 WEST BOST. UNIT #7  
(Address)

HIALEAH FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

NELSON RAPALO at (305) 710-0351  
(Name of Person) (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

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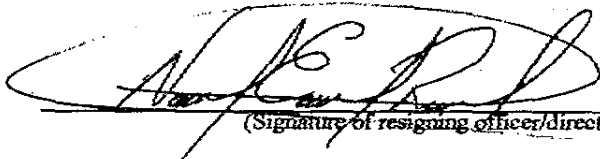
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NELSON RAPALO, hereby resign as PRESIDENT  
(Title)

of L. A. MEDICAL REHABILITATION CENTER, INC.  
(Name of Corporation)

P02000108457, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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