(Re	equestor's Name)			
//	ddress)	<u> </u>		
(Ar	adress)			
(Ad	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bi	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Century Rehabilitation (Name of Corporation) DOCUMENT NUMBER: 103000012890
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
(Address) Orive
(Address) Lake W. An Fl 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Kemedy at (561) 714-733 & (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	John Kemedy, hereby resign as Prosdent on	l Trecover	_
of_	Centur, Rebabilitation, the. (Name of Corporation)		
	(Document Number, if known), a corporation organized under the laws of the	e State of	
	florida.		
		e	
	(Signature of resigning officer/director)	2007 NOV 19 SECKLIARY ALLAHASSE	
	FILING FEE IS \$35.00	AM II:	

Make checks payable to Florida Department of State and mail to:

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