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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Om Rehabilitation, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** Not Known

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

Please return all correspondence concerning this matter to the following:

Sarayu H. Mehta

(Name of Person)

Om Rehabilitation, Inc

(Name of Firm/Company)

18821 Wentworth Drive

(Address)

Miami, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Payal H. Mehta

(Name of Person)

at ( 305 ) 467-8001

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sarayu H. Mehta, hereby resign as Director  
(Title)

of Om Rehabilitation, Inc.  
(Name of Corporation)

Not Known, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Sarayu H. Mehta  
(Signature of resigning officer/director)

**FILED**  
04 MAY 27 PM 1:53  
SECRETARY OF STATE  
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