

P03000083539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

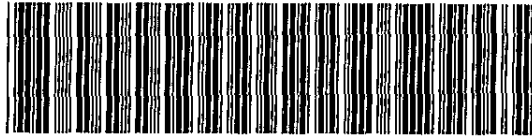
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/24/04--011039--001 **55 00

Off Receipt

FILED
04 SEP 27 2004
CANTON, OH

Alba Accounting Service, Inc.

September 20th, 2004

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Officer / Director Resignation Letter
of
GAVY REHABILITATION CENTER, INC.

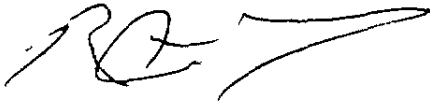
Enclosed you will find check in the amount of \$ 35.00 which pays filing fees and certified copies of the Officer / Director Resignation for the above mentioned company.

It would be greatly appreciated if you could please send the Certify Copy of Officer / Director Resignation of GAVY REHABILITATION CENTER, INC. to 3818 West 16TH Avenue, Hialeah, FL 33012.

Should you have any questions, please fell free to contact our office.

Sincerely yours,

ALBA ACCOUNTING SERVICE, INC.



Raul Alba
President


3818 West 16TH Avenue, Hialeah, Florida 33012
Telephone: 305-778-7637

FILED
04 SEP 25 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, GENOVEVA SANTANA, hereby resign as VICE-PRESIDENT
(Title)
of GAUY REHABILITATION CENTER, INC.
(Name of Corporation)
a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

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**