

P04000012017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

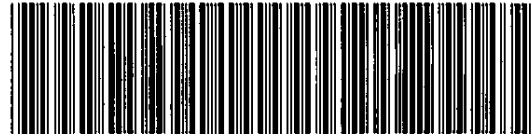
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

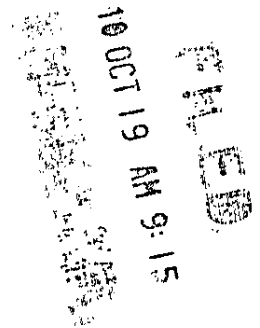
Special Instructions to Filing Officer:

Office Use Only



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10/19/10--01029--005 \*\*35.00



O/D Resign.

10/21/10

DL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLAGLER REHAB CENTER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000012017

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

Please return all correspondence concerning this matter to the following:

ALAIN MORELL

(Name of Person)

FLAGLER REHAB CENTER INC

(Name of Firm/Company)

4343 W FLAGLER ST SUITE 501

(Address)

MIAMI, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAIN MORELL at ( 305 ) 476-8729  
(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

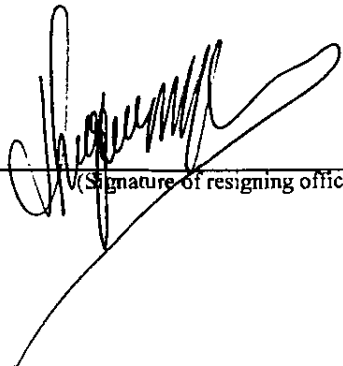
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FELIX RODRIGUEZ, hereby resign as VICE-PRESIDENT  
(Title)

of FLAGLER REHAB CENTER INC.  
(Name of Corporation)

P04000012017, a corporation organized under the laws of the State of  
(Document Number, if known)  
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

FILED  
10 OCT 19 AM 9:15