

P04000039825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.L.M. REHABILITATION CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000039825

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

Please return all correspondence concerning this matter to the following:

ANTONIO DIAZ

(Name of Person)

A.L.M. REHABILITATION CENTER, INC.

(Name of Firm/Company)

11300 NW 87 COURT SUITE 157

(Address)

HIALEAH GARDENS, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO DIAZ

(Name of Person)

at (786) 315-7221
(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

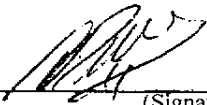
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FIDEL LESTER ALVAREZ, hereby resign as DIRECTOR
(Title)

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

P04000039825, 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

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