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Special Instructions to	Filing Officer:		
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Office Use Only



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Ty Resign.

C. Coulliette JAN 1 2 2007

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VIDA THERAPY BEHABILITATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: POH 0000 45576

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

Please return all correspondence concerning this matter to the following:

TERESITA LEAL

(Name of Person)

Clo EUMANUEL PEREZ, ESQ.

(Name of Firm/Company)

901 fonce Obleon Blvd. #303

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

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

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Ermiz Santana
Commission # DD465053

Expires: SEP. 10, 2009
Bonded Thru Atlantic Bonding Co., Inc.

- I, MANUEL OLAZABAL, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
- I, MANUEL OLAZABAL, hereby tender my resignation as President, Officer, and Director of VIDA THERAPY REHABILITATION, INC., a Florida Corporation.

That the corporation has been notified	in writing of the resignation.		
Dated this 5 day of Janua	<u>R</u> . , 2007.	F	
Witness	MANUEL OLAZABAL 5	20	
Henry Herminder	LLAHASSI	2007 JAN 1 1	FIL
Sworn to and subscribed before me thi	is 5 day of Januar	AM IO.	ED ,
2007.	Ma tone	7 23	_
My commission expires:	NO LARA POBEIC		
NOTARY PUBLIC-STATE OF FLORIDA			