

P04000101174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

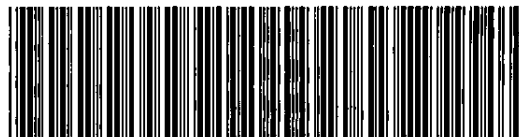
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C/O 7/1

Officer Resignation

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROMAN CENTER FOR REHABILITATION, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000101174

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

Please return all correspondence concerning this matter to the following:

BLANCA SASTRIQUES

(Name of Person)

(Name of Firm/Company)

306 NW 114 AVE UNIT 107

(Address)

MIAMI, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

BLANCA SASTRIQUES

(Name of Person)

at ( 786 ) 374-9920

(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:**

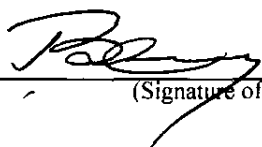
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BLANCA DOLORES SASTRIQUES, hereby resign as PRESIDENT  
(Title)

of ROMAN CENTER FOR REHABILITATION, INC  
(Name of Corporation)

P04000101174, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

X   
(Signature of resigning officer/director)

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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

Exh. B