

P0400001090608

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hallandale Rehabilitation, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Berlitz Bourjolly  
(Name of Person)

Hallandale Rehabilitation, INC  
(Name of Firm/Company)

3121 W. Hallandale Blvd Suite 101  
(Address)

Pembroke Park FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Berlitz Bourjolly at ( 786 ) 326 - 4200  
(Name of Person) (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**

**FILED**

05 MAY -2 PM 1:43

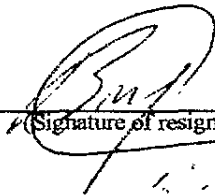
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Berlitz Bourjolly, hereby resign as Vice- President  
(Title)

of Hallandale Rehabilitation INC.  
(Name of Corporation)

P04000109068, 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