

P04000120752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

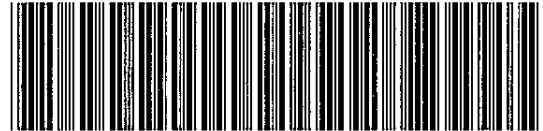
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUN -3 AM 10:39

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05 JUN -3 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

086 Resig.

C. Coulllette JUN 03 2005

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Belle Glade Medical & Rehab Center, Inc.
(Corporation Name) (Document #) PO4000120752
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in



Pick up time _____



Certified Copy

☐ Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

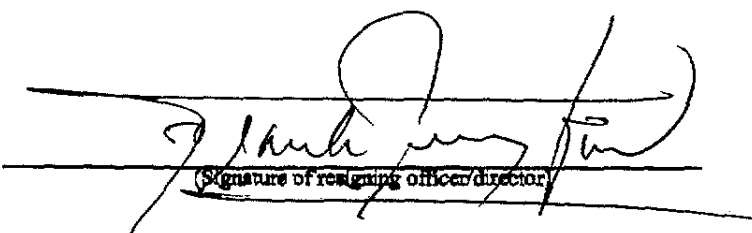
OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANK C. PIERRE MD., hereby resign as President.
(Title)
of BELLE GLADE MEDICAL & REHAB. CENTER, INC.
(Name of Corporation)
P04000120752, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

FILED
05 JUN -3 AM 10:39
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