

P04000123443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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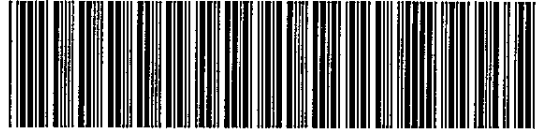
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32300

03/02/05--01022--006 **35.00

OFF. Resign
G. O'Connell MAR 07 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF COAST HEALTH CARE & REHABILITATION CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000123443

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

Please return all correspondence concerning this matter to the following:

YOLENE SAINTUMA

(Name of Person)

GULF COAST HEALTH & REHABILITATION CNTR.

(Name of Firm/Company)

2017 MARAVILLA LN.

(Address)

FORT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

YOLENE SAINTUMA

(Name of Person)

at (239) 601-6178

(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**

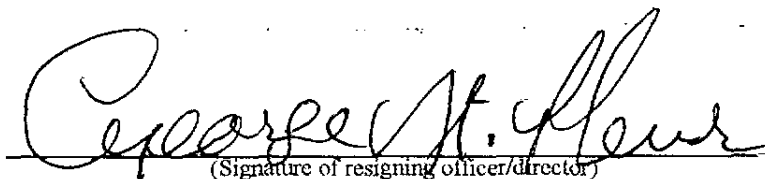
FILED
05 MAR -2 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GEORGE ST FLEUR, hereby resign as DIRECTOR
(Title)

of GULF COAST HEALTH CARE & REHABILITATION CENTER, INC.
(Name of Corporation)

P04000123443, 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