## P04000142812

(Requestor's Name)					
VAA REHABILITATION CENTER, INC					
4188 FAITH ST.					
W. PALM BEACH, FL 33406					
W. FALM DEROIL					
(City/State/Zip/Phone #)					
(Olyloman Lipit Hotoly)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies V Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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TALLASSEE FIORISE

## OFFICER / DIRECTOR RESIGNATION

I, AYISON (	SOMEZ			hereby resign as	
(Title) DIRECTOR N.	R-SEC. of V	A REHABILITATION C	EHTER, IX (Nam	e of Corp.) a	_
		of the State of Florida ar	nd affirm that th	e corporation	has
been notified in wr	iting of the resigna	ation.			
Dated at WEST P	ALM BEACH	FLORIDA	, this	17TH	of
MAY	2005			·-	
			•		

(Signature of resigning officer/director)