P05000034828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700060520997

10/20/05--01005--015 **35.00

FILED
05 OCT 20 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 OCT 20 AM 10:44
[illegible]

C. Coulliette OCT 20 2005

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. US REHAB THERAPY CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ 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

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Minerva Pena, hereby resign as V-D
(Title)

of US. REHAB THERAPY CENTER, INC.
(Name of Corporation)

P05000034828, a corporation organized under the laws of the State of
(Document Number, if known)

FL.

FILED
05 OCT 20 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of resigning officer/director)

FILING FEE IS $35.00