

P05000036614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ODS
9/26/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Supreme Therapy & Rehab Center, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000036614 / 41-12169866

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

Please return all correspondence concerning this matter to the following:

Swiah Schneider
(Name of Person)

(Name of Firm/Company)

1707 Coastal Bay Blvd.
(Address)

Boynton Bch., FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

Swiah Schneider at (954) 817-5496
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

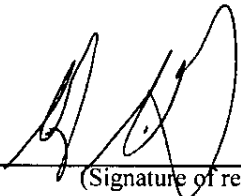
I, Saiah Schneider, hereby resign as President
(Title)

of Supreme Therapy & Rehab Center, INC.
(Name of Corporation)

P05000036614, a corporation organized under the laws of the State
(Document Number, if known)

Florida

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SECRETARY OF STATE
TALLAHASSEE, 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