

P05 000 111561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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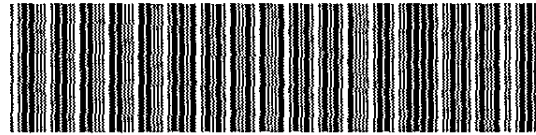
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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O/D Resign.
09/12/06
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRANER REHABILITATION CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000111561

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

Please return all correspondence concerning this matter to the following:

DR. THEODORE T. LAMOTTA

(Name of Person)

BRANER REHABILITATION CENTER, INC.

(Name of Firm/Company)

8390 W FLAGLER ST/ STE 202

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

NERY MANZANO

(Name of Person)

at (305) 228-1111

(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, NERY MANZANO, hereby resign as PRESIDENT (Officer)
(Title)

of BRANER REHABILITATION CENTER, INC.
(Name of Corporation)

P05000111561, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Nery Manzano
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -8 PM 3:55

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