

P05000130599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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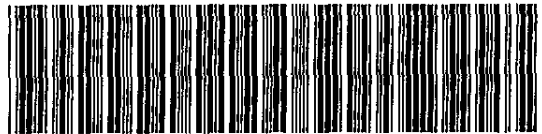
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

629

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVIA MEDICAL REHABILITATION SERVICE, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000 130 599

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

Please return all correspondence concerning this matter to the following:

Dalia Garcia
(Name of Person)
SILVIA MEDICAL REHABILITATION SVC. INC.
(Name of Firm/Company)
3320 Palm Ave
(Address)
WILKINSON, FLA. 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Xavier L. Suarez at (705) 442 5397
(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

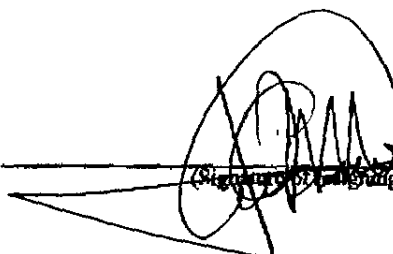
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

06 JAN 31 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JUAN A. MEDINA, hereby resign as Vice-President
(Title)
of SILVIA MEDICAL AND REHABILITATION SERVICE, INC.
(Name of Corporation)
POS 000130599, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

MA  01-25-06
(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