P05000130599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVIA MEDICAL REHABILITATION SERVICE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000 130599

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)

HIALEAH, FLA. 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

XAVIER L. SUAREZ at (305) 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

CR2E044(08/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Juan A. Medina, hereby resign as Vice-President (Title)

of Silvina Medical and Rehabilitation Service, Inc. (Name of Corporation)

P05000130599 (Document Number, if known), a corporation organized under the laws of the State of Florida.

JM _____ 01-25-06
(Signature of the 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