

PD0000000942

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DIVISION OF CORPORATIONS
2007 SEP 10 AM 11:05

As 9/14/07
olores

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Injury and Rehab, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000000942

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

Please return all correspondence concerning this matter to the following:

Allison W. Hanley, M.D.
(Name of Person)

Florida Injury and Rehab, Inc.
(Name of Firm/Company)

1520 John Young Pkwy
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

Please send correspondence to:

* *Allison Hanley, M.D.
5979 Vinland Rd, Suite 209
Orlando, FL 32819*

For further information concerning this matter, please call:

Lisa Garrett at (321) 297-0004
(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2007 SEP 10 AM 11:05

I, Allison W. Hanley, hereby resign as DP
(Title)
of Florida Injury and Rehab, Inc.
(Name of Corporation)
P06000000942, a corporation organized under the laws of the State of
(Document Number, if known)
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