

PO6000010297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

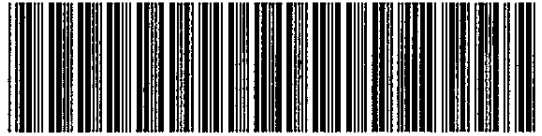
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06 MAR 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000016297

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

Please return all correspondence concerning this matter to the following:

MICHAEL GOLDIN
(Name of Person)

BISCAYNE NEUROLOGIC REHAB CENTER, INC.
(Name of Firm/Company)

15921 BISCAYNE BLVD.
(Address)

NORTH MIAMI BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GOLDIN at (954) 600 - 5532
(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, STEVEN B BROWN, hereby resign as PRESIDENT
(Title)

of BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.
(Name of Corporation)

P06000016297 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
06 MAR 23 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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