

PO6000062703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

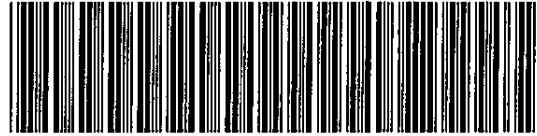
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL MEDICAL REHAB CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000062703

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

Please return all correspondence concerning this matter to the following:

Lawrence Presser

(Name of Person)

Lawrence Presser

(Name of Firm/Company)

1444 N. State RJ-7, 1

(Address)

Margate, Florida 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Presser

(Name of Person)

at (954) 979-8601

(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, Fabio Acevedo, hereby resign as S/VP/D  
(Title)

of A.11 MEDICAL RENAS CENTER, INC.  
(Name of Corporation)

P06000062703, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
06 JUN 14 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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