

P06000078961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

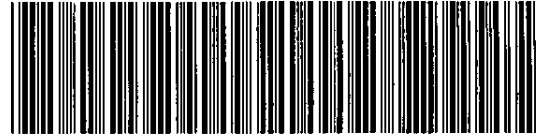
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300135976923

09/22/08--01018--001 **35.00

FILED

08 SEP 22 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0125
9/26/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center For Health & Rehab, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO600078961

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

Please return all correspondence concerning this matter to the following:

Saiah Schneider
(Name of Person)

SAIAH A. Schneider
(Name of Firm/Company)

1707 Coastal Bay Blvd
(Address)

Baytown Bch., FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

Saiah Schneider at (954) 817-5496
(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, Saiah Schneider, hereby resign as President
(Title)

of Center For Health & Rehab, INC
(Name of Corporation)

906000078961, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED
08 SEP 22 AM 9:40
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