

P06000105820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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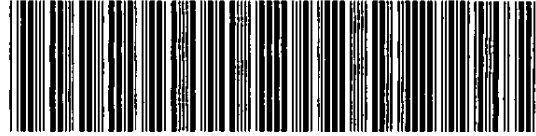
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.
5/6/09
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BENNETT PHYSICAL REHAB
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RHONDA D. BENNETT
(Name of Person)

(Name of Firm/Company)

1436 NORTH MANGONIA CIRCLE
(Address)

WEST PALM BEACH FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

RHONDA D. BENNETT at (561) 319-5025
(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

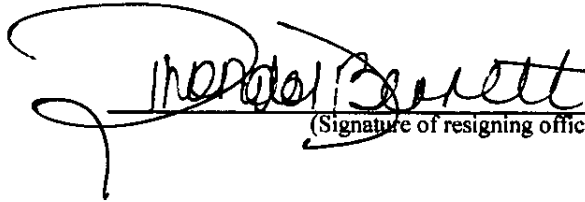
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RHONDA D. BENNETT, hereby resign as VICE PRESIDENT
(Title)

of BENNETT PHYSICAL REHAB, INC
(Name of Corporation)

_____, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 3:32

FILED