

P0600011210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

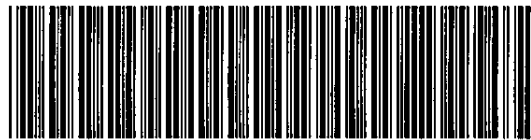
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2007 AUG -7 PM 3:00

As filed 8/14/07
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rehab Systems General Contractors, Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000111210

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

Please return all correspondence concerning this matter to the following:

Johann Bowman
(Name of Person)

Rehab Systems General Contractors, Inc.
(Name of Firm/Company)

329 Sea Moss Ln
(Address)

Ponte Vedra Beach, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Hannah Addington at (904) 280-8459
(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**

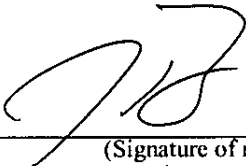
2007 AUG -7 PM 3:00

I, Johann Bowman, hereby resign as COO
(Title)

of Rehab Systems General Contractors, INC.
(Name of Corporation)

PO 6000111210, 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