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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



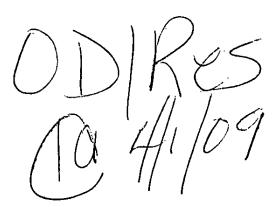


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

Rehab Systems General Contractors, Inc (Name of Corporation) 371527201 **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: Hannah Addington (Name of Person) Rehab Systems General Contractors, Inc. (Name of Firm/Company) 830-13 A1A North #146 (Address) Ponte Vedra, FL 32082 (City/State and Zip Code) For further information concerning this matter, please call: Hannah Addington (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section **Mailing Address:** Amendment Section **Division of Corporations** Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

David Addington	, hereby resign as	, hereby resign as Secretary	
.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)	
of Rehab Systems General	Contractors, Inc		
^ 	(Name of Corporation)		
371527201 (Document Number, if known)	, a corporation organized unde	r the laws of the State of	
, ,			
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