

PO70000011358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

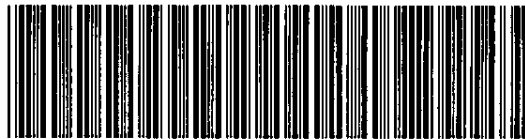
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



600280212636

Resignation
of officer

12/30/15--01015--016 **35.00

FILED
15 DEC 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 05 2016
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REHAB MATTERS HOMEHEALTH INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000011358

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

Please return all correspondence concerning this matter to the following:

GREGORY COYA

(Name of Person)

(Name of Firm/Company)

4517 CLARKWOOD COURT

(Address)

LAND O LAKES FL, 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY COYA

(Name of Person)

at **(813) 310-4678**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

OFFICER / DIRECTOR RESIGNATION 15 DEC 30 AM 8:36
FOR A CORPORATION

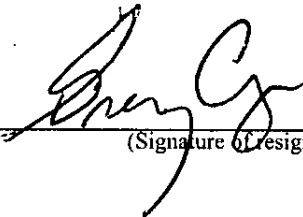
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GREGORY COYA, hereby resign as OFFICER/DIRECTOR
(Title)

of REHAB MATTERS HOMEHEALTH INC.
(Name of Corporation)

P07000011358, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 12/25/15
(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