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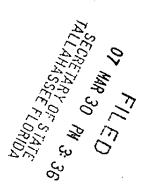
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TO:	Amendment Section Division of Corporations
SUBJ	ECT: WEST COAST THERAPY AND REHABILITATION CENTER, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: P07000015168
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
YUD	Y M. BARBERA
	(Name of Person)
ACC	OUNTING PLUS MORE
	(Name of Firm/Company)
4100	CORPORATE SQ SUITE 133
	(Address)
NAP	LES, FL 34104
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
YUDY	(Name of Person) at (239) 643-9968 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Divisio Clifton 2661 E	Address: Iment Section On of Corporations Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CELIA V. RODRIGUEZ	, hereby resign as VICE-PRESIDENT
*,	(Title)
ofWEST COAST THERAPY AND REHA	, , , , , , , , , , , , , , , , , , , ,
D0700001E169	poration organized under the laws of the State of
FLORIDA .	
(Signature	of resigning officer/directors Of MAR 30 PH 3: SECRETARY OF STATE Of Resigning officer/directors

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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