## P07000043233

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: CHANGE REGISTERED AGENT NAME
(Name of Corporation)
DOCUMENT NUMBER: P07000043233
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JESUS RAMIREZ
(Name of Person)
ET REHABILITATION CENTER,INC.
(Name of Firm/Company)
8150 SW 8 ST STE#216
(Address)
MIAMI FL 33144
(City/State and Zip Code)
For further information concerning this matter, please call:
JESUS RAMIREZ  at ( 786 ) 416 - 3046  (Name of Person) (Area Code & Daytime Telephone Number)
(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. MAIKEL GARCIA	, hereby resign as PRESIDENT		
	(Title)		
of ET REHABILITATION CEN		. •	
(Nam	e of Corporation)		
P07000043233 (Document Number, if known)	a corporation organized under the laws of the State of		
FLORIDA	·		
	(Signature of resigning officer/director)	09 JAN 12	13.
	(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