

POS000004277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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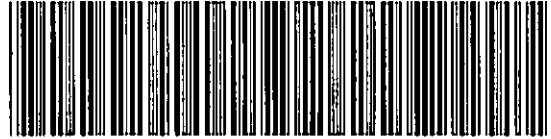
(Business Entity Name)

(Document Number)

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2021 JAN 15 PM 3:04

dp-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Rehab Group Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000004277

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joe Miranda
(Name of Person)

Advanced Rehab Group Inc
(Name of Firm/Company)

10300 SW 72 street, Suite 221
(Address)

Miami, FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Miranda
(Name of Person)

at (305) 439-0973
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

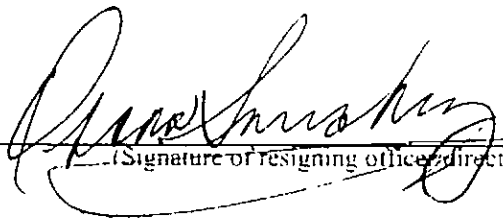
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Oscar Sanchez, hereby resign as manager
(Title)

of Advanced Rehab Group, Inc.
(Name of Corporation)

P08000004277, 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

2021 JUN 15 PM 3:04