

P080000 70626

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -5 AM 11:59

FILED

off. Resign.

TB

OCT -7 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: ALHAMBRA HEALTH & REHAB, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PO 80000 70626

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

Please return all correspondence concerning this matter to the following:

Sue Auletta  
(Name of Person)

(Name of Firm/Company)

P.O. Box 258  
(Address)

Grayson, Ga 30017  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Audette at (770) 560 0423  
(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**

**FILED**  
2010 OCT -5 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Suzi Audette, hereby resign as Pres.  
(Title)

of ACHAMBA HEALTH & Rehab, Inc.  
(Name of Corporation)

P08000070624, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Suzi Audette  
(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