

P09000043360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

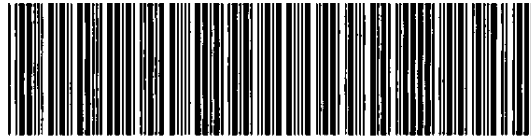
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DDP
9/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Busch Healthcare & Rehab, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 090000 433 60

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

Please return all correspondence concerning this matter to the following:

IAN S. GIOVINCO, ESQ
(Name of Person)

Ian S. Giovinco, P.A.
(Name of Firm/Company)

P.O. Box 172897
(Address)

Tampa, FL 33672
(City/State and Zip Code)

For further information concerning this matter, please call:

IAN S. GIOVINCO at (813) 728-8548
(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, Robert T. Casañas, hereby resign as President & Director
(Title)

of Busch Healthcare & Rehab, Inc
(Name of Corporation)

PO 90000 43360, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

(X) _____
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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