

-P09000058039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAR 29 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*off Resign*  
C.COULLIETTE

MAR 30 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pro-Rehab Contracting, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000058039

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

Please return all correspondence concerning this matter to the following:

Christopher L. Warren

(Name of Person)

Pro-Rehab Contracting, Inc.

(Name of Firm/Company)

1860 Murphy Street

(Address)

Oviedo, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher L. Warren

(Name of Person)

at ( 407 ) 366-5188

(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, Christopher L. Warren, hereby resign as Secretary  
(Title)

of Pro-Rehab Contracting, Inc.  
(Name of Corporation)

P09000058039, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Christopher L. Warren  
(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

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