

P09000071222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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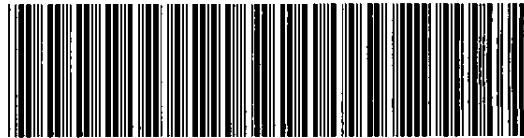
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 13 PM 3:51

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FEB 14 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRYSTAL REHABILITATION CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P09000071222

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

Please return all correspondence concerning this matter to the following:

NAPTHALIE NARCISSE

(Name of Person)

(Name of Firm/Company)

10207 VISTA COVE CT

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

NAPTHALIE NARCISSE at (813) 215-9000
(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

12 FEB 13 PM 3:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, NAPTHALIE NARCISSE, hereby resign as P
(Title)

of CRYSTAL REHABILITATION CENTER INC,
(Name of Corporation)

P09000071222, 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