

P10000017956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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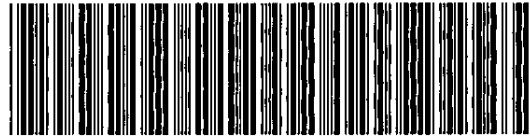
(Business Entity Name)

(Document Number)

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12 APR 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

By Resign

APR 26 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LG REHAB CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000017956

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

Please return all correspondence concerning this matter to the following:

GABRIEL LOZADA

(Name of Person)

LG REHAB CENTER, INC.

(Name of Firm/Company)

P.O. BOX 2504

(Address)

BONITA SPRINGS, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL LOZADA

(Name of Person)

at (239) 269-5009

(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 APR 24 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, ROBERT M. BODINE, hereby resign as OWNER/DIRECTOR
(Title)

of LG REHAB CENTER, INC.
(Name of Corporation)

P10000017956, 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