

P100000077198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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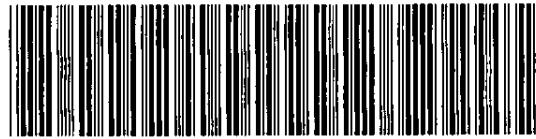
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 22 2012

J. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** USA HEALTH CARE AND REHAB CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000077198

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

Please return all correspondence concerning this matter to the following:

EMMANUEL PIERRE

(Name of Person)

USA HEALTH CARE AND REHAB CENTER, INC.

(Name of Firm/Company)

7118 SOUTHGATE BLVD

(Address)

NORTH LAUDERDALE, FL 33068

(City/State and Zip Code)

For further information concerning this matter, please call:

EMMANUEL PIERRE

(Name of Person)

at ( 954 ) 242-6676

(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

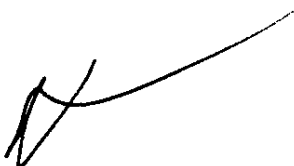
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NEIL GILWIT, DR., hereby resign as PRESIDENT  
(Title)

of USA HEALTH CARE AND REHAB CENTER, INC.  
(Name of Corporation)

P10000077198, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
12 MAY 15 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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