

P10000077198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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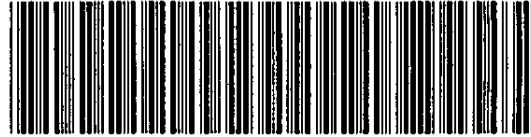
(Business Entity Name)

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TRANSMITTAL 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)

5301 Eagle Cay Ct
(Address)

COCONUT Creek, FL 33073
(City/State and Zip Code)

For further information concerning this matter, please call:

Emmanuel Pierre at (954) 242-6676
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Emanuel Pierre, hereby resign as T
(Title)

of USA Health Care and Rehab Center, Inc.
(Name of Corporation)

100000 77198, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Euph
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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