Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MELROSE THERAPY SERVICES, CORP

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

J, JOSE ESTEVEZ	, bereby resign as PRESIDE	ENT
7		(Title)
of_MELROSE THERAPY SERVICE	S, CORP	**************************************
(Name of	Corporation)	
(Document Number, if known)	a corporation organized under the laws	9 F
FLORIDA		
(Sign	squire of resigning officer/director)	I: 55

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