## P110000073934

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Chipola Rehabilitative Services, Inc. (Name of Corporation)
<b>DOCUMENT NUMBER:</b> \$110000 73934
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Mulder (Name of Person)
Chippla Rehabilitative Services, Inc. (Name of Firm/Company)
fd. boy 90/ (Address)
Marianna, FL 32447 (City/State and Zip Code)
For further information concerning this matter, please call:
Kristie Mulder at (850) 528-0982 (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



15 MAR 30 PM 12: 37

I, Michael Muder	, hereby resign as
of Chipola Rehabilitative (Name of Corpora	Services, inc.
(Document Number, if known), a corp	oration organized under the laws of the State of
Florica.	
Mizha (Signature o	Mulder f 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