

P110000091970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

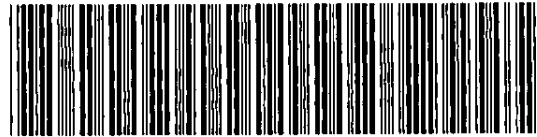
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 18 AM 10:45

DD/RES
@ 5/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WEST COAST REHAB CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P 110000 91970

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

Please return all correspondence concerning this matter to the following:

MOULTON KEANE
(Name of Person)

(Name of Firm/Company)

9951 SW 4TH ST
(Address)

PLANTATION, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

MOULTON KEANE at (954) 607-1493
(Name of Person) (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

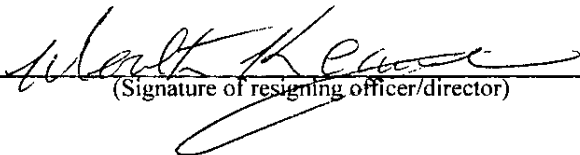
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MOULTON KEANE, hereby resign as PRESIDENT
(Title)

of WEST COAST REHAB CENTER, INC
(Name of Corporation)

P11000091970, 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

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