

P120000062238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

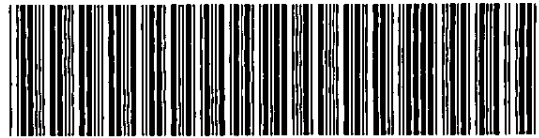
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW VISION REHAB, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12000062238

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

Please return all correspondence concerning this matter to the following:

ALEXIS A. TEJEDA
(Name of Person)

(Name of Firm/Company)
4960 NW 165th STREET B-1
(Address)
MIAMI GRADENS, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO IRIBARNE at (786) 520-3630
(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

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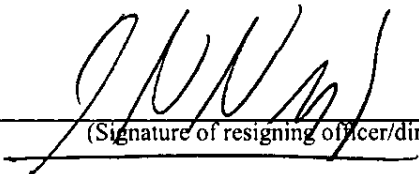
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEXIS A. TEJEDA, hereby resign as VICEPRESIDENT
(Title)

of NEW VISION REHAB, INC.
(Name of Corporation)

P12000062238, 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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