

P130000 4/627

(Requestor's Name)

(Address)

---

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

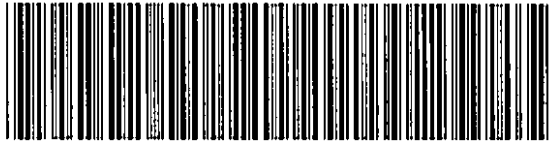
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100342761951

100342761951  
04/16/20--01015--001 \*\*2362.50

RECEIVED  
AUG 20 1964

100

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0505(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, JOHN F. WENDEL, hereby resigns as Registered Agent for **ACCELERATED REHAB & PERFORMANCE, INC.**, Document No. **P13000041627**.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.

  
\_\_\_\_\_  
John F. Wendel, Registered Agent

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed of Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**  
\$87.50 - active corporation  
\$35.00 - Administratively dissolved/  
voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6326  
Tallahassee, FL 32314