

PI4000013623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

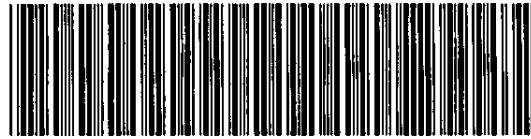
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500258809365

*Resignation
to officer*

04/14/14--01010--025 **35.00

FILED
2014 APR 14 PM 3:36
STATE
TALLAHASSEE, FLORIDA

*DR
4/18/14*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIA Rehabilitation Center, INC.
(Name of Corporation)

DOCUMENT NUMBER: P140000013623.

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

Please return all correspondence concerning this matter to the following:

Vaidelys D.B.
(Name of Person)

AIA Rehabilitation Center
(Name of Firm/Company)

7821 Coralway Suite 104.
(Address)

Miami, FL 33155.
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Morales at (305) 560-0839.
(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**

FILED

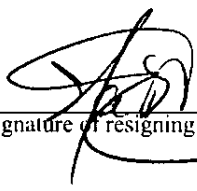
2014 APR 14 PM 3:36

DEPT. OF STATE
TALLAHASSEE, FLORIDA

I, Yaidelys DIB, hereby resign as _____
(Title)

of AIA Rehabilitation Center INC.
(Name of Corporation)

P14000012622, 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