

P160000019072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

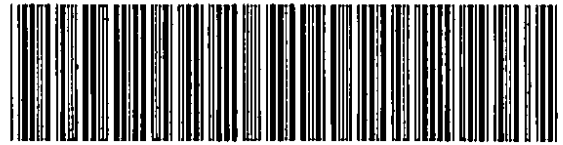
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900311376579

04/03/18--01005--005 **35.00

18 APR -2 PM 2:21

01DRes.

R. WHITE

APR 04 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Rehabilitation Medical Center, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P16000019072

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

Please return all correspondence concerning this matter to the following:

Mabel Guzmán
(Name of Person)

American Rehabilitation Medical Center
(Name of Firm/Company)

8080 West Flagler Street, Suite 3B
(Address)

Miami, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Mabel Guzmán at (786) 615 2610
(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

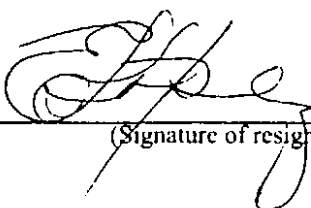
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ester Lopez, hereby resign as President
(Title)

of American Rehabilitation Medical Center, Corp
(Name of Corporation)

P16000019072, 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

18 APR -2 PM 2:21