

P31161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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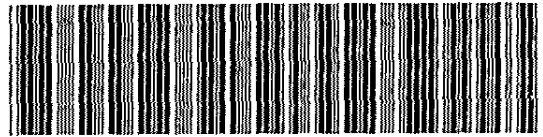
(Business Entity Name)

(Document Number)

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P31161

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REHAB PEOPLE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P31161

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Hatfield

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 S. DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Hatfield

(Name of Person)

at ( 800 ) 483-1140 x1023

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, LTD., INC.  
(Name of Registered Agent)

hereby resigns as Registered Agent for REHAB PEOPLE, INC.  
(Name of Corporation)

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(Document Number, if known)

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 31st day after the date on which  
this statement is filed.

Wayne Rafanelli  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli  
(Typed or Printed Name)

Vice President, National Corporate Research, Ltd., Inc.  
(Capacity)

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04 JUN 11 AM 8:40  
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TALLAHASSEE, FLORIDA

**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 6327  
Tallahassee, FL 32314