

**P97000107531**

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 205-0380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
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05 FEB -4 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION**

**ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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ROGERS TOWERS

NO. 0193—P. 2

H05000029803

### TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orthopedic Rehab Specialty Clinics, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000107531

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:

Robert H. Pritchard

(Name of Person)

Rogers Towers

(Name of Firm/Company)

1301 Riverplace Blvd., Suite 1500

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert H. Pritchard

(Name of Person)

at ( 904 ) 346-5798

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FEB. 4. 2005 9:30AM

ROGERS TOWERS

NO. 0193—P. 3

H05000029803

**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, Robert H. Pritchard  
(Name of Registered Agent)

hereby resigns as Registered Agent for Orthopedic Rehab Specialty Clinics, Inc.  
(Name of Corporation)

P97000107531

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or 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 6327  
Tallahassee, FL 32314

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