

P98000025609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

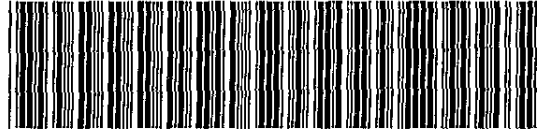
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED MEDICAL REHABILITATION CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P98000025609

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

Please return all correspondence concerning this matter to the following:

MORRIE I. LEVINE, ESQ.
(Name of Person)

LAW OFFICE OF MORRIE I. LEVINE
(Name of Firm/Company)

2450 HOLLYWOOD BLVD SUITE #100
(Address)

HOLLYWOOD, FLORIDA 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

MORRIE I. LEVINE, ESQ. at (954) 925-9000
(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
409 E. Gaines Street
Tallahassee, FL 32399

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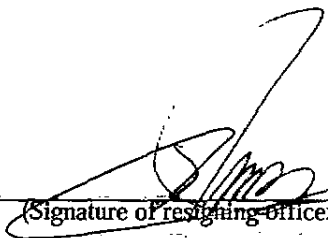
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SERGE VILVAR, hereby resign as DIRECTOR
(Title)

of ADVANCED MEDICAL REHABILITATION CENTER, INC.
(Name of Corporation)

P98000025609 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

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TALLAHASSEE, FLORIDA