P98000025609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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)

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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

Sent via certified mail# 7001 2510 0002 3976 4258

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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

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

P98000025609
(Document Number, if known), a corporation organized under the laws of the State of

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