

P980000026771

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ASSOCIATES REHABILITATION, INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P98000026771**

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

Please return all correspondence concerning this matter to the following:

EMIL KIZER

(Name of Person)

ASSOCIATES REHABILITATION, INC.

(Name of Firm/Company)

13238 SW 8 ST

(Address)

MIAMI, FL 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

EMIL KIZER

(Name of Person)

at ()

(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, MARIA GABRIELA CAMPOS, hereby resign as PRESIDENT
(Title)

of ASSOCIATES REHABILITATION, INC.
(Name of Corporation)

P98000026771, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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