

P98000045174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R.A. Regis
MAD 7/23



000021478090

07/18/03--01042--007 **35.00

FILED
03 JUL 18 AM 11:33
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 21ST Century Rehabilitation, Inc
(Name of Corporation)

DOCUMENT NUMBER: 198000045174

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:

Anita L. Castrione
(Name of Person)

(Name of Firm/Company)

1611 Gray BARK Dr.
(Address)

Oldsmar, FL 34617
(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Castrione at 727, 455-0604 or 813-925-1209
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Anita L. Castricone

(Name of Registered Agent)

hereby resigns as Registered Agent for 21ST Century Rehabilitation, Inc

(Name of Corporation)

P98000045174

(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.

Anita L. Castricone

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

03 JUL 18 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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withdrawn corporation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