P9800052429 Requester's Name

No ret afdiese Justa Derekriques 1490 West 68 H St. Hiallah, Fl 33014

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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□ Walk in □ Pick up time □ Mail out □ Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION & & COMPANY & COMPA

Examiner's Initials U320

RESIGNATION OF OFFICER AND DIRECTOR AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally apparead, MIGUEL R. PERERA, who upon being first duly sworn, says the following:

- 1. That I, JUSTA RODRIGUEZ, have resigned as President of WEST CARE REHABILITATION CENTER INC., a Florida Corporation.
- 2. That the corporation has been notified in writing of the resignation.

FURTHER AFFIANT SAYETH NAUGHT.

TUSTA RODRIGHEZ

Sworn to and subscribed before me this 14 day of February, 2000. The undersigned notary public specifies tha affiant's signature is the signature being notarized and that affiant personally appeared before the notary at the time of notarization. Affiant is personally know or has furnished as identification.

Notary Public, State of Florida

Mi Commission Expires:



00 MAR -9 AM 8: 32
SECRETARY OF STATE
AND AN ASSESSED FOR ITALE