

PC18000058916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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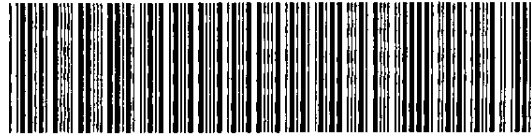
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Rehabilitation Medical Services, *Inc*
(Name of Corporation)

DOCUMENT NUMBER: P98000058916

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

Please return all correspondence concerning this matter to the following:

Keith A. Williams, M.D.
(Name of Person)

Advanced Rehabilitation Medical Services, Inc.
(Name of Firm/Company)

P O Box 510816
(Address)

Punta Gorda, FL 33951
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Williams at (941) 391-0296
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

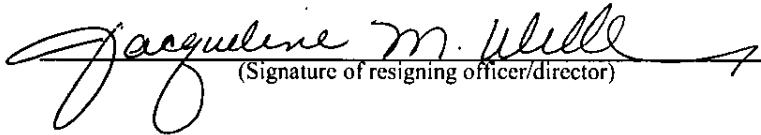
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jacqueline M. Williams, hereby resign as Vice President
(Title)

of Advanced Rehabilitation Medical Services, Inc.
(Name of Corporation)

P98000058916, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 9 PM 12:23

APPROVED
AND
FILED

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