P99000097114

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05/25/06--01025--007   **35.00

FILED
06 MAY 25 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section
         Division of Corporations

SUBJECT: REHAB 2000, INC.
                                 (Name of Corporation)

DOCUMENT NUMBER: P99000097114

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

Please return all correspondence concerning this matter to the following:

JOSEPH OLIVIER
_____
(Name of Person)

REHAB 2000, INC.
_____
(Name of Firm/Company)

701 N. FEDERAL HWY. STE. 403
_____
(Address)

STUART, FL. 34994
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH OLIVIER   at (772)   633-3394
_____
(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

MAILED 5/23/06 gnro

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _DONNA VERFAILLIE_____, hereby resign as _VICE-PRESIDENT_____

(Title)

of_____REHAB2000, INC._____,

(Name of Corporation)

_P990000 97114_____, a corporation organized under the laws of the State of

(Document Number, if known)

_FLORIDA_____.

_____Donna Verfaille_____

(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