P9900011001

(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:

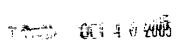
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10/03/05--01017--007 **35.00

05 OCT -3 PN 1: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA





COVER LETTER

Division of Corporations
SUBJECT: COASTAL REMAD TAC (Name of Corporation) DOCUMENT NUMBER: P960012001
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lowoes M. Henry (Name of Person)
(Name of Firm/Company)
9115 CAVATINA Pl (Address)
By MM Back [33 43) (City/State and Zip Code)
For further information concerning this matter, please call:
Robert A. HENRY at (50/) 523-992/ (Name of Person) at (50/) 523-992/ (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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 05 OCT -3 PM 1: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

I, Lauroes M. Henry	, hereby resign as Vice President (Title)
7	(Title)
of Constal Rehab, - (Name of Corporat	CNC on)
(Document Number, if known) , a corpo	ration organized under the laws of the State of
- Florida.	
fnHe	resigning officer/director)
(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