

P99000017001

(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



100060119011

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

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

10/03/05 OCT 4 2005

20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Rehab, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000017001

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

Please return all correspondence concerning this matter to the following:

Louise M. Henry  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9115 Cavatina Pl  
(Address)

Boynton Beach FL 33437  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Henry at ( 561 ) 523-8921  
(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 FILED  
FOR A CORPORATION**

05 OCT -3 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Lourees M. Henry, hereby resign as Vice President  
(Title)

of Coastal Rehab, Inc  
(Name of Corporation)

99000017001, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

LM Henry  
(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