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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Community Rehab Services (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Davin Meussner (Name of Person)
Community Remb Services Inc. (Name of Firm/Company)
838 SW 56 4 5t
Cape Coral F2.33914 (City/State and Zip Code)
For further information concerning this matter, please call:
Davio Meussner at (239) 277-9818 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



Community Rehab Services, Inc.

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

October 26, 2004

To Whom It May Concern:

Please utilize this letter as officer/director resignation. I am currently acting as Vice President of Community Rehab Services 65-0924797. Please remove me from corporate documents in this regard, I will no longer be acting as Vice President for this organization. Thank you for your assistance.

Sincerely,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	David Meussner, hereby resign as Vice Pre	Side	ent
of	Community Rehab Services,	IN	Ç.
<u>;</u>	(Document Number, if known) , a corporation organized under the laws of the State Locioa	e of	
	TALLAMAS:	SECRETAIN	2 7 7
	(Signature of resigning officer/director)	AM B: L	ED

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