

P99000055433

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(Requestor's Name)

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(City/State/Zip/Phone #)

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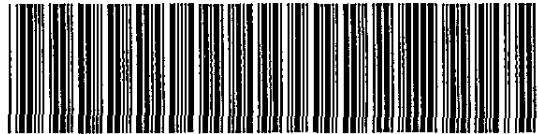
(Business Entity Name)

(Document Number)

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09/01/05--01020--020 \*\*35.00

o/D resign

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantic Health + Rehab, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000055433

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

Please return all correspondence concerning this matter to the following:

Dr. Marvin J. Menz, Pres.  
(Name of Person)

Atlantic Health + Rehab, Inc.  
(Name of Firm/Company)

1433 S. Powerline Rd.  
(Address)

Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Menz at (954) 968-4144  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

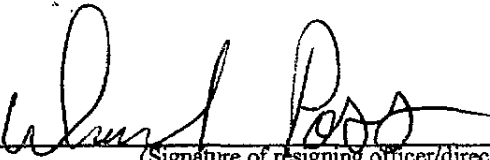
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DIVISION OF CORPORATIONS  
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I, David L. Pass, hereby resign as Vice President  
(Title)

of Atlantic Acoustic Reels, Inc.  
(Name of Corporation)

P99000055433, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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