

P99000077376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

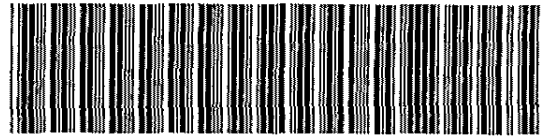
(Business Entity Name)

(Document Number)

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077/DIE resign  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Age Rehab Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P99000077376

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

Please return all correspondence concerning this matter to the following:

Luz Amparo Beltran

(Name of Person)

New Age Rehab Inc.

(Name of Firm/Company)

2248 SW 152 Place

(Address)

Miami, Fl. 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Luz Amparo Beltran Dulcey

(Name of Person)

at ( 305 ) 229-7261

(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

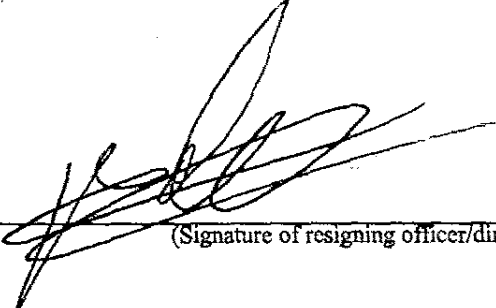
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Solange V. Charles, hereby resign as Vice-President  
(Title)

of New Age Rehab, Inc.  
(Name of Corporation)

P99000077376, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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