

P990000086837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Rehab, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P99000086837

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

Please return all correspondence concerning this matter to the following:

Cathy J. Lerman

(Name of Person)

Central Florida Rehab, Inc.

(Name of Firm/Company)

1501 NW 49 Street, Suite 200

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

William Guthrie

(Name of Person)

at (954) 938-3770

(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

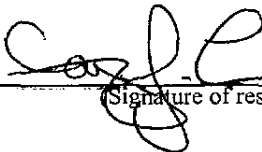
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cathy J. Lerman, hereby resign as Secretary
(Title)

of Central Florida Rehab, Inc.
(Name of Corporation)

P99000086837, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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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