

PO3000043218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

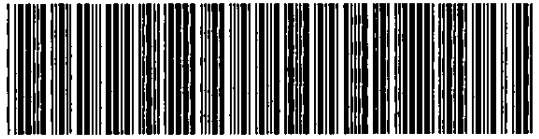
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TALLAHASSEE, FLORIDA

Roberts APR 08 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST CARE CONSULTANTS, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000043218

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

Please return all correspondence concerning this matter to the following:

BARBARA GRANT
(Name of Person)

BEST CARE CONSULTANTS, INC
(Name of Firm/Company)

100 Lincoln Road # 910
(Address)

MIAMI BEACH, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA GRANT at (786) 286-3289
(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

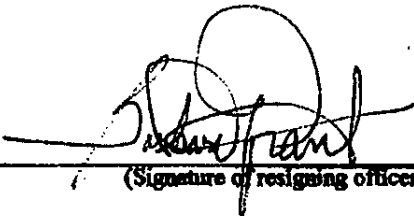
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BARBARA GRAVIT, hereby resign as VP
(Title)

of BEST CARE CONSULTANTS, INC.
(Name of Corporation)

PO 3000043218, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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