

PO4000099338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

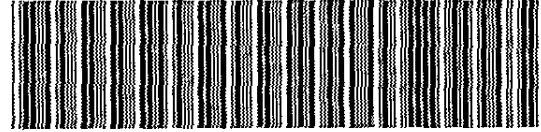
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Optimum Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0400099338

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joan M. Hagar
(Name of Person)

Auro S Management, LLC
(Name of Firm/Company)

5370 Spring Hill Drive
(Address)

Spring Hill, Florida 34606
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan M. Hagar at (352) 688-3379
(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

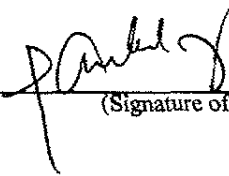
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pariksith Singh, hereby resign as President
(Title)

of Optimum Healthcare, Inc.
(Name of Corporation)

P04000099338, 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