F020000000459

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

officer Resignation

T BROWN MAY 2 1 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A+ NurseTemps, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F02000000459
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael J. Arthur
(Name of Person)
NurseTemps, Inc.
(Name of Firm/Company)
Box 444
(Address)
Inverness, FL 34451
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael J. Arthur at (352) 344-9828 (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O4 MAY 17 AM 8: 32
TALLAHASSEE, FLORIDA

	(Title)	
under the laws c	of the State of	
e garanta	-	
		under the laws of the State of

(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