

291263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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o/p Res  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Specialized Nursing Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** L91263

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

Please return all correspondence concerning this matter to the following:

Jane Makropolo  
(Name of Person)

(Name of Firm/Company)

17011 NE 6th Avenue  
(Address)

North Miami Beach, Florida 33162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Makropolo at (          )  
(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, Jane Makropolo, hereby resign as Director and President  
(Title)

of Specialized Nursing Services, Inc.  
(Name of Corporation)

L91263, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

Jane Makropolo

**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

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TALLAHASSEE, FLORIDA

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