

N00000006401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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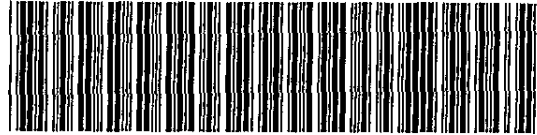
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12-10
Ad Officer
Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL HOME HEALTH NURSES, INC
(Name of Corporation)

DOCUMENT NUMBER: N000000006401

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

Please return all correspondence concerning this matter to the following:

SUSANA F. BIONDINI
(Name of Person)

NATIONAL HOME HEALTH NURSES, INC.
(Name of Firm/Company)

1800 W. 49th St #219
(Address)

Hiwaleh, FL - 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSANA F BIONDINI at (703) 709-0753
(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:
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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SUSANA I BIONDINI, hereby resign as Director
(Title)

of NATIONAL Home Health NURSES, INC.
(Name of Corporation)

NO0000006401, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Susana Biondini 12-6-04
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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