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SEUNISTARY OF STATE
ALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

SUBJECT: Daniels Quality CARe Services Inc. (Name of Comporation)
DOCUMENT NUMBER: /\
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ella B. Russell (Name of Person)
(Name of Person)
(Name of Firm/Company)
1318 ARdmare St (Address)
Saint Augustine, Fl. 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Ella B. Russell at (964), 940-9273 (Name of Person) at (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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044 (03/12)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ella B. Russell hereby resign as Director (Title)
or Daniels Quality Care Services Inc.,
(Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
Ella B. Russell
(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

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