

DD-Resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The National Alliance of Rural Hospitals Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N16000010710

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

Please return all correspondence concerning this matter to the following:

MARK Blake  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1120 E Kennedy Blvd #1209  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARK BLAKE, hereby resign as Director  
(Title)

of The National Alliance of Rural Hospitals, Inc.  
(Name of Corporation)

N16000010710 a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Mac BL  
(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

FILED  
18 FEB 22 AM 10:35  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA