

N27 215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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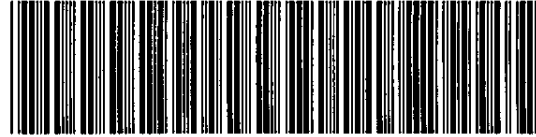
(Business Entity Name)

(Document Number)

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*Mr. Li*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts DEC 06 2006

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bon Secours - Maria Manor Nursing Care Center, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N/27215

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Ward  
(Name of Person)

Bon Secours - Maria Manor Nursing Care Center, Inc.  
(Name of Firm/Company)

10300 4th Street North  
(Address)

St. Petersburg, FL 33716  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet R. Keller, MS, NHA at ( 727 ) 568-1054  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

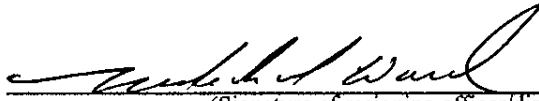
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michael Ward, hereby resign as Chief Executive Officer  
(Title)

of Bon Secours - Maria Manor Nursing Care Center, Inc.  
(Name of Corporation)

N27215, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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