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TALLAHASSEE, FLORIDA

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PS 6/16/03  
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NMP PROFESSIONAL SERVICES, INC.  
2500 SW 107 AVE., SUITE 8  
MIAMI, FLORIDA 33165  
(305)221-8176

June 9, 2003

Division of Corporations  
Tallahassee, FL. 32314

To whom it may concern:

We are the new accountants for Coral Park Senior Care, Inc.; and after looking on the files sent to us by the old accountant we realized that the UBBR for 2003 was never filed/paid.

Please accept attached check of \$150.00 for the UBBR of 2003 on Coral Park Senior Care, Inc., Fed. ID # 01-0666139 and an additional check for \$35.00 is included for the amendment now needed.

Thanks, sincerely



Edgar Matta

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORAL PARK SENIOR CARE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000038581  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CELSA C. ALVAREZ  
\_\_\_\_\_  
(Name of Person)

CORAL PARK SENIOR CARE INC.  
\_\_\_\_\_  
(Name of Firm/Company)

9640 SW 10 Terrace  
\_\_\_\_\_  
(Address)

Miami, FL 33165  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CELSA C. ALVAREZ at ( 305 )  
\_\_\_\_\_  
(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**

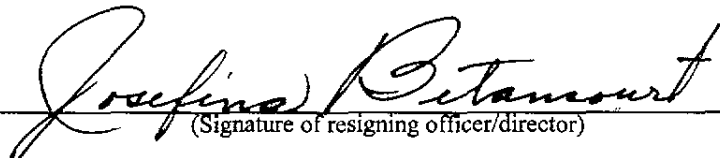
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOSEFINA BETANCOURT, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of CORAL PARK SENIOR CARE, INC.  
(Name of Corporation)

P02000038581, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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