



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REGIONAL HEALTH CARE STAFFING, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 04000052568

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

Please return all correspondence concerning this matter to the following:

Amelito D. Dizon  
(Name of Person)

Regional Health Care Staffing, Inc.  
(Name of Firm/Company)

1206 Kentshire Ct. Lake Mary 32746  
(Address)

Lake Mary, Florida 32746  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amelito D. Dizon at ( 407 ) 333-0102  
(Name of Person) (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  
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, NILA INIGO - ARROJO, hereby resign as PRESIDENT & SECRETARY  
(Title)

of REGIONAL HEALTH CARE STAFFING, INC.  
(Name of Corporation)

PO4000052568, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X *Nila Inigo-Arrojo*  
(Signature of resigning officer/director)

FILED  
06 JAN 10 AM 9:23  
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