

P04000052568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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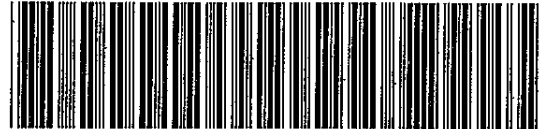
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN JAN 17 2006

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 U. Arreola
(Signature of resigning officer/director)

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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