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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: HEALTHCARE SPE	CIAL SERVICE CORPORATION
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P050	00091403
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
MARISOL DIAZ	
(Name of Perso	on)
HEALTHCARE SPECIAL SERV	TICE CORPORATION
(Name of Firm/Cor	mpany)
15555 SW 47TH TERRACE	
(Address)	
MIAMI, FLORIDA 33185	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
MARISOL DIAZ	at (786) 252-9818 (Area Code & Daytime Telephone Number)
(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, DOMINGO ACOSTA	, hereby resign as_	PRESIDENT/Director
,		(Title)
of_ HEALTHCARE SPECIAL SERVICE		,
(Name of Corpo	oration)	
P05000091403 , a co	rporation organized un	der the laws of the State of
FLORIDA		

mingo (MAS/L)
Gignature 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 DIVISION OF CORPORATIONS
ON JUN-6 PM 2: 36