20500094629

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
	<u>-</u> .				

Office Use Only



800131640438

06/27/08--01013--011 **35.00

SECRETARY OF STATE

JD 80

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fast Nurse Inc. (Name of Corporation)
DOCUMENT NUMBER: P0500094629
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nemer Ahmad (Name of Person)
Fast Nurse Inc. (Name of Firm/Company)
280 SW 20th Road # 909 (Address)
Mami, FL 33129 (City/State and Zip Code)
For further information concerning this matter, please call:
Nemer Ahmard at (
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,	Alexei	Deineko	, hereby resign as_	via	president
of	Fast	Nurse (Name of Con	Tn c.		(Thio)
P	0500094 (Document Number		orporation organized und	ler the laws o	of the State of
	Florida	·•			

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

OB JUN 27 PH 12: 58
SECRETARY OF STATE
FAIL AN ASSEE. FLORID