

OD/Res
@ 4.23.08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dade County Nurses Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P06000128609

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

Please return all correspondence concerning this matter to the following:

Pura Gonzalez
(Name of Person)

(Name of Firm/Company)

1250 NW 7th Street. #201
(Address)

Miami, FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Pura Gonzalez at (305) 333-7255
(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, Pura ^M Gonzalez, hereby resign as President-Director
(Title)

of Dade County Nurses Incorporated,
(Name of Corporation)

P06000128609, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Pura Gonzalez
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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