P06000147177

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PLEASE SEND ME A CERTIFIED COPY

THANK YOU

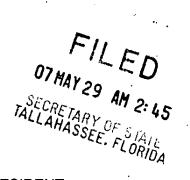
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Amendment Section Division of Corporations

TO:

SUBJECT:	TRINITY SENIC	OR CARE, IN	IC	
5020201. <u></u>		(Name o	of Corpora	ation)
DOCUMENT N	UMBER: P0600	0147177		
The enclosed Of	ficer/Director Resign	ation for a Co	rporation	and fee are submitted for filing
Please return all	correspondence conc	erning this ma	atter to th	e following:
ELIZABETH V	'ELOZO			
	(Name of Person	1)		
TRINITY	SENIOR CARE, II	NC		
	(Name of Firm/Com	pany)		
7791 N.W. 46	STREET SUITE 30	09		
· · · · ·	(Address)			
DORAL, FLOR	RIDA 33166			
	(City/State and Zip C	Code)		
For further inform	mation concerning th	is matter, plea	se call:	
ELIZABETH VI	ELOZO	at (305	436-8883 & Daytime Telephone Number)
	Name of Person)		Area Code	& Daytime Telephone Number)
Enclosed is a che	eck for \$35.00 made p	payable to the	Florida I	Department of State.
Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	tion orations Center Circle	Mailing Addr Amendment S Division of Co Post Office Bo Tallahassee, F	ection orporation ox 6327	ıs

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



RAZEN SANCHEZ	_, hereby resign as VICE-PRESIDENT
	(Title)
of_TRINITY SENIOR CARE, INC.	
(Name of Corporati	ion)
P06000147177 , a corpo	oration organized under the laws of the State of
FLORIDA	
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