

PD8000007280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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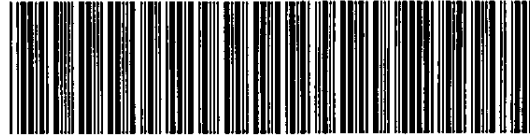
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Nursing Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000007280

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

Please return all correspondence concerning this matter to the following:

Yuleyma Alamo De La Rans

(Name of Person)

Superior Nursing Care, Inc.

(Name of Firm/Company)

6175 NW 153 Street #226

(Address)

Miami Lakes, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Yuleyma Alamo

(Name of Person)

at (305) 556-0819

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

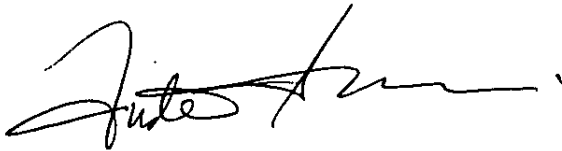
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Yudelkys Fernandez, hereby resign as Vice President
(Title)

of Superior Nursing Care, Inc.
(Name of Corporation)

P08000007280, a corporation organized under the laws of the State of
(Document Number, if known)

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

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TALLAHASSEE, FLORIDA