P0800037889

•	
(Requestor's Name)	
(Address)	
,	
(6.14)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,,	
(Decomposed Name Is a)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Pilling Officer.	
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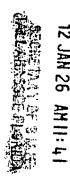
Office Use Only



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01/27/12--01012--009 **10.00

12/22/11--01006--006 **25.00



Off Resign

JAN 2 6 2012

T. LEWIS

COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: Ubiquity Quality	Healthcare Group, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0800003	37889)))/`*
The enclosed Officer/Director Resigna	tion for a Corporation and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Kathleen A. Cavallo	·
(Name of Person)	,
Ubiquity Quality Healthcar	re Group, Inc.
(Name of Firm/Comp	pany)
1505 Yorktown Drive	
(Address)	
Lawrenceville, GA 30043	
(City/State and Zip C	lode)
For further information concerning thi	s matter, please call:
Kathleen Cavallo (Name of Person)	at (678) 790-1943 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2012

KATHLEEN A. CAVALLO UBIQUITY QUALITY HEALTHCARE GROUP, INC. 1505 YORKTOWN DRIVE LAWRENCEVILLE. GA 30043

SUBJECT: UBIQUITY QUALITY HEALTHCARE GROUP, INC.

Ref. Number: P08000037889

We have received your document for UBIQUITY QUALITY HEALTHCARE GROUP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis

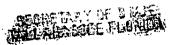
Dooument Specialist Supervisor

Letter Number: 912A00000209

FILED

12 JAN 26 AM 11: 41

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as Director/COO
(Title)
are Group, Inc.
of Corporation)
a corporation organized under the laws of the State of

(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