

P08000046380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 FEB 25 PM 2:55

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FEB 28 2013

T. BROWN

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: J and J WEST BOCA HEALTH CARE CENTER, INC  
(Name of Corporation)

DOCUMENT NUMBER: PO 800000 46380

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

Please return all correspondence concerning this matter to the following:

R. Joel Rosen  
(Name of Person)

J & J WEST BOCA HEALTH CARE CENTER  
(Name of Firm/Company)

9825 SW 18<sup>th</sup> St 300  
(Address)

BOCA RATON, FL, 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

R. Joel Rosen at (561) 983-0090  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

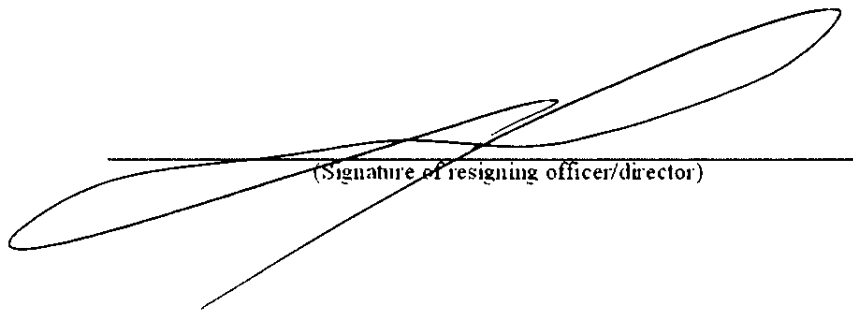
**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**13 FEB 25 PM 2:55**

I, Jerry L. Stalger, hereby resign as Director  
(Title)

of J AND J WEST BOCA HEALTHCARE CENTER, INC.  
(Name of Corporation)

P08000046380, 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