## POSOCOUBLO

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

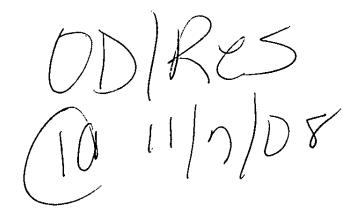


400137618344

11/05/08--01009--002 \*\*35.00

08 NOV -5 PH 4: 37

SECRETARY OF STATE DIVISION OF SOMPORATIONS



## **COVER LETTER**

SUBJECT: J.C. NURSING CORP. (Name of Corporation) PO8000066800 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MERCEDES BAEZ (Name of Person) J.C. NURSING CORP. (Name of Firm/Company) 14826 SW 180 TERRACE (Address) MIAMI, FL. 33187 (City/State and Zip Code) For further information concerning this matter, please call: JEANCARLOS BAEZ (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

**TO:** Amendment Section

**Division of Corporations** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. FIDEL BAEZ SR	, hereby resign as PRESIDENT
·,	(Title)
$_{ m of}$ _J.C. NURSING CORP.	
	e of Corporation)
PO800066800 (Document Number, if known)	, a corporation 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 03 NOV -5 PM 4: 31

SECRETARY OF STATE