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COVER LETTER

SUBJECT: N & K HEALTH SERVICES CORP	
(Name of Corporation)	
DOCUMENT NUMBER: P08000100582	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
MARIA H OROZCO	
(Name of Person)	
N & K HEALTH SERVICES CORP	
(Name of Firm/Company)	
8116 SW 136TH PLACE	
(Address)	
MIAMI FLORIDA: 33183	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARIA H OROZCO at (305) 383-2763 (Area Code & Daytime Telephone Nu	
(Name of Person) (Area Code & Daytime Telephone Nu	mber)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PEDRO MEJIA	, hereby resign as VD	
		(Title)
of N&K HEALTH SERVICES	CORP	
(Nan	ne of Corporation)	
P08000100582 (Document Number, if known)	, a corporation organized under the la	aws of the State of
FLORIDA	·	
	Times Him	2009 FEB -2 PM SECRETARY OF TALLAHASSEE.F
	(Signature of resigning officer/director)	T: O4

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