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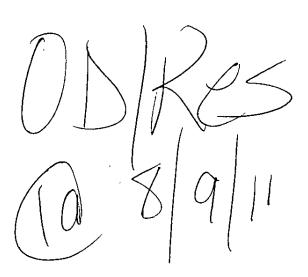


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SECRETARY OF SIAIL ON SINIE OF CORPORATIONS



COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: OFFICER. SECRETARY RESIGNATION
SUB	(Name of Corporation)
DOC	UMENT NUMBER: P11000002656
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
TAS	SLITSKIY, STANISLAV S
	(Name of Person)
ВА	VIEW ELDERLY CARE, INC.
	(Name of Firm/Company)
101	SE 11th Ave
	(Address)
Pon	npano Beach, FL 33060
	(City/State and Zip Code)
For fi	arther information concerning this matter, please call:
TAS	LITSKIY, STANISLAV S at (954) 609-0475 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divisi Clifto 2661	Mailing Address: Address: Amendment Section Amendment Section Division of Corporations n Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Grant Kaplan	hereby resign as Secretary	
***	(Title)	
of BAYVIEW ELDERLY CARE, INC	C. Corporation)	·
P1100002656 (Document Number, if known)	a corporation organized under the laws of the State of	of
Florida		
(Sig		ORFGRAT
FII	LING FEE IS \$35.00	27 27

Make checks payable to Florida Department of State and mail to:

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