

PI3000101873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

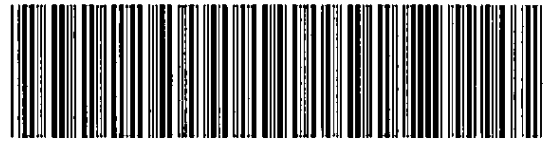
(Business Entity Name)

(Document Number)

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JUL 22 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL -8 AM 8:31

FILED

OLD-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NURSING ALLIANCE HOME CARE WEST COAST INC
(Name of Corporation)

DOCUMENT NUMBER: P13000101873

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

Please return all correspondence concerning this matter to the following:

JOSE O ESCARPIO
(Name of Person)

ESCARPIO & COMPANY LLC
(Name of Firm/Company)

9580 SW 107TH AVE STE 204
(Address)

MIAMI, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE O ESCARPIO at (305) 275-0055
(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
2661 Executive Center Circle
Tallahassee, FL 32301

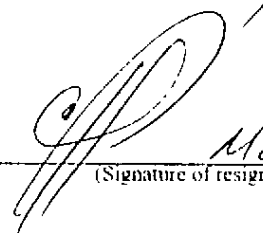
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAYRA CASTRO, hereby resign as VP (VICE-PRESIDENT)
(Title)

of NURSING ALLIANCE HOME CARE WEST COAST INC
(Name of Corporation)

P13000101873, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 Mayra Castro 07/01/2019
(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

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TALLAHASSEE, FL