

P21 000014053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

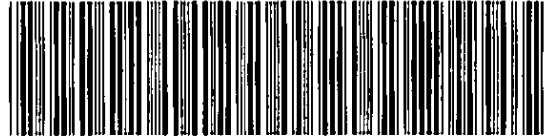
(Business Entity Name)

(Document Number)

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2021 MAY 25 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Quality Health Care Corp.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000014053  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Susana Biondini  
\_\_\_\_\_

(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9480 Tangerine Pl. Apt. 407  
\_\_\_\_\_

(Address)

Davie, Fl. 33324  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Susana Biondini  
\_\_\_\_\_ at (305) 303-7169  
(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:**

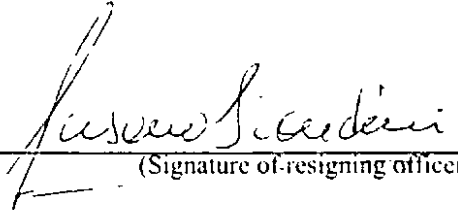
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Susana Biondini, hereby resign as President  
(Title)

of Quality Health Care Corp  
(Name of Corporation)

P21000014053, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

 3/16/21  
(Signature of resigning officer/director)

FILED  
2021 MAY 25 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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