

P94000019238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

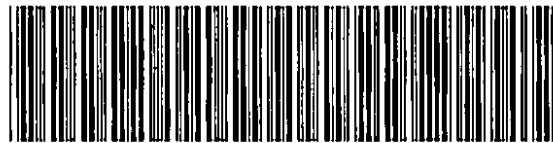
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nirvana Health Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 94000019238

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

Please return all correspondence concerning this matter to the following:

Becky Mitchell-Vaughn
(Name of Person)

Nirvana Health Services, Inc.
(Name of Firm/Company)

220 E Central Pkwy #2070
(Address)

Altamonte Springs FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Becky Mitchell-Vaughn at (407) 708-8548
(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

2019 MAR 14 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

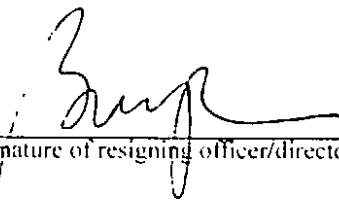
2018 MAR 14 AM 10:56
FILED
TALLAHASSEE, FLORIDA

I, Becky Mitchell-Vaughn, hereby resign as CEO
(Title)

of Nirvana Health Services, Inc
(Name of Corporation)

P94000019238, a corporation organized under the laws of the State of
(Document Number, if known)

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