

P97000024292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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300318087583
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OCT 05 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD NURSING CARE INC
(Name of Corporation)

DOCUMENT NUMBER: P 97000024292

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

Please return all correspondence concerning this matter to the following:

ANNA HILTON

(Name of Person)

BROWARD NURSING CARE INC

(Name of Firm/Company)

4175 DAVIE RD #200

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNA HILTON at (954) 625-2722
(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, ANNA HILTON, hereby resign as DIRECTOR/PRESIDENT
(Title)

of BROWARD NURSING CARE INC
(Name of Corporation)

_____, 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

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2019 OCT -5 PM 3:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE