

P97000024292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

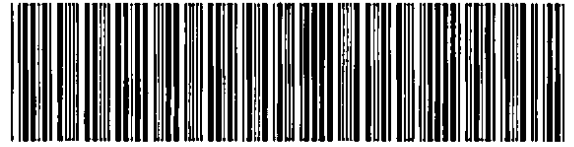
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 27 2019

C. Kinsey

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward Nursing Care, INC

(Name of Corporation)

DOCUMENT NUMBER: P97000024292

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

Please return all correspondence concerning this matter to the following:

Eileen Macarella

(Name of Person)

Broward Nursing Care, INC

(Name of Firm/Company)

4175 Sw 64 Ave

(Address)

Davie, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Macarella

(Name of Person)

at (954) 486-6200

(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

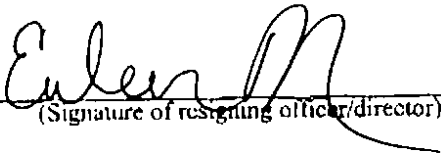
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Earlene Meloy, hereby resign as Secretary
(Title)

of Broward Nursing Care, INC
(Name of Corporation)

P97000024292, 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

SECRETARY OF STATE
TALLAHASSEE, FL

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