

P98000089689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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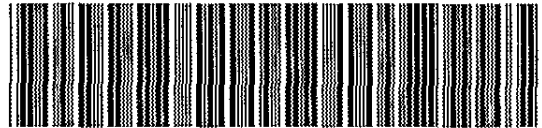
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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38

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OMEGA HEALTH CENTER, INC.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CLIFFORD O'CONNOR (PRESIDENT)  
(Name of Person)

OMEGA HEALTH CENTER, INC.  
(Name of Firm/Company)

640 N.E. 149 STREET  
(Address)

NORTH MIAMI, FL 33161  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD O'CONNOR at (305) 945-9740  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LIVINGSTON NUAMAH, hereby resign as VICE PRESIDENT  
(Title)

of OMEGA HEALTH CENTER, INC.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Livingston Nuamah  
(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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