

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXTREME CARE PLUS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000105709

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROSIE R DEESE
(Name of Person)

EXTREME CARE PLUS, INC.
(Name of Firm/Company)

823 NORTH SWINDELL AVENUE
(Address)

LAKELAND, FL 33815-1117
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSIE R DEESE at (863) 559-0331
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSEPH C MILLS, hereby resign as PRESIDENT & DIRECTOR
(Title)

of EXTREME CARE PLUS, INC.
(Name of Corporation)

P00000105709, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2010 SEP 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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