

P07 000014543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

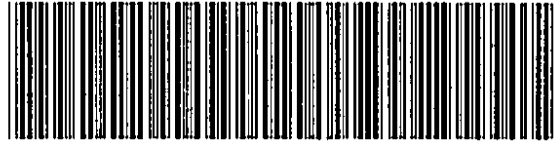
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Therapy Home Care, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P07000014543

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

Please return all correspondence concerning this matter to the following:

Donna M. Gale

(Name of Person)

Integrated Home Care Services, Inc.

(Name of Firm/Company)

3700 Commerce Way

(Address)

Miramar, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna M. Gale at (8442154264 Ext. 7494)

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Elaine R. MacCollom, hereby resign as Administrator
(Title)

of Community Therapy Home Care, Inc.
(Name of Corporation)

P07000014543
(Document Number, if known) a corporation organized under the laws of the State of
Florida

Elaine R. MacCollom
(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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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