

PO7000087572

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
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Roberts JUL 13 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Choice Care, Inc.
Name of Corporation

DOCUMENT NUMBER: 907000087572

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Fatima Alvarez
Name of Contact Person

Perfect Choice Care, Inc.
Firm/Company

5237 SW 116 Terr.
Address

Cooper City FL 33330-4214
City/State and Zip Code

perfectchoice@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fatima Alvarez at (954) 594-7358
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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DIVISION OF CORPORATIONS
09 JUL -8 PM 4:16

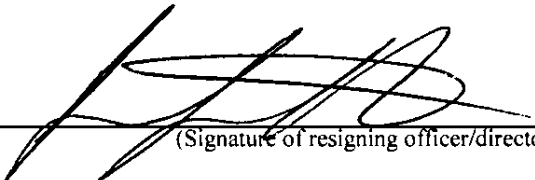
I, Jennifer C. Robles, hereby resign as Vice President
(Title)

+ Treasurer

of Perfect Choice Care, Inc.
(Name of Corporation)

907000087572, 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