

PO7000104185

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TALLAHASSEE, FLORIDA

officer Resignation

TB 10-29-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIA HOME HEALTH CARE SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000104185

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

NILDA COLUMBIE
(Name of Person)

MIA HOME HEALTH CARE SERVICES, INC
(Name of Firm/Company)

9645 E. COLONIAL DR SUITE 110
(Address)

ORLANDO, FLORIDA 32817
(City/State and Zip Code)

For further information concerning this matter, please call:

NILDA COLUMBIE at (321) 278-7915
(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**

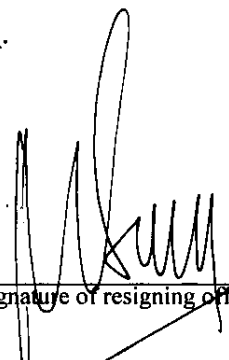
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TALLAHASSEE, FLORIDA

I, MARCOS I. AMOR, hereby resign as VP
(Title)

of MIA HOME HEALTH CARE SERVICES, INC
(Name of Corporation)

P07000104185, 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