

PO7000118682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

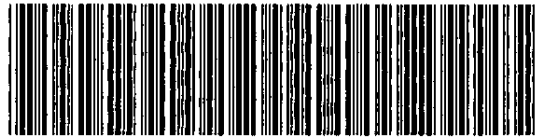
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/13/09
22

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLONIAL HOME HEALTH, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000118682

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

Please return all correspondence concerning this matter to the following:

NIURKA MIRANDA

(Name of Person)

(Name of Firm/Company)

8500 SW 8 ST STE 250

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

NIURKA MIRANDA

(Name of Person)

at (305) 303 9339

(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, YOSVANY CORREA, hereby resign as PRESIDENT
(Title)

of COLONIAL HOME HEALTH, INC
(Name of Corporation)

P07000118682, 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

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