P07000118682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10/13/09

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 at (305) 303 9339
(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, YOSVANY CORREA, hereby resign as PRESIDENT
(Title)

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

P07000118682
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

(Signature of resigning officer/director)

FILED
09 OCT -9 PM 3:50
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