

F95000003772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

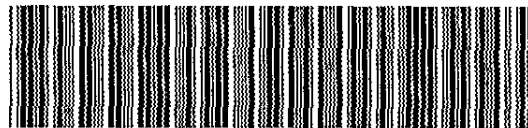
(Business Entity Name)

(Document Number)

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FILED
04 JUL 12 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUL 19 2004

A Resignation

CT CORPORATION

July 7, 2004

RE: NUTRITIONAL HOME HEALTH SERVICES, INC. (PA. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations, Also enclosed is 1 check in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA: il
enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 JUL 12 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)

hereby resigns as Registered Agent for NUTRITIONAL HOME HEALTH SERVICES, INC.
(Name of Corporation)

F95000003772

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314