

F95000003774

(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 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
07/19/04  
DC

CT CORPORATION

July 8, 2004

RE: HOME CARE MEDICAL SUPPLY AND EQUIPMENT, 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**

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

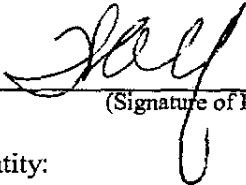
Florida Statutes, the undersigned, CT CORPORATION SYSTEM  
(Name of Registered Agent)  
hereby resigns as Registered Agent for HOME CARE MEDICAL SUPPLY AND  
EQUIPMENT, INC. (PA. DOM.)  
(Name of Corporation)

F95000003774

(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:

CT CORPORATION SYSTEM - THERESA ALFIERI  
(Typed or Printed Name)  
  
ASSISTANT SECRETARY  
(Capacity)

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TALLAHASSEE, FLORIDA

**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withdrawn corporation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