G08068

Requestor's Name

Address

e Use Only

n):

FedEx. USA Airbill FedEx Tracking Number 8132 0146 5870

1 From This portion can be removed for Recipient's records.

Date 8/2/99 FedEx Tracking Number 813201465870

Sender's Name Robert M. Mayer Phone 305 468-4433

Company PEARSON & MAYER PA

Address 1320 S DIXIE HWY STE 811 Dept/Floor/Suite/Room

City MIAMI State FL ZIP 33146

2 Your Internal Billing Reference RMM-P (Trans)

RECIPIENT: PEEL HERE

FILED
99 AUG -3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

600002949146--5
-08/03/99--01067--001
****280.00 *****35.00

$35
3 CORADORES

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

OLD RE
CR 8-3

CR2E031(1/95)

Examiner's Initials	

OFFICER / DIRECTOR RESIGNATION

I, Steven J. Getter, hereby resign as President + Director + Officer
(Title)

of TRI-COUNTY HOME HEALTH CARE SERVICES, INC,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

FILED
99 AUG -3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

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

CR2E044(9/98)

STEVEN J. GETTER
10038 Vestal Place
Coral Springs, Florida 33071

TO WHOM IT MAY CONCERN:

I, STEVEN J. GETTER, hereby resign from my capacity as officer, director or registered agent, if any, of TRI-COUNTY HOME HEALTH CARE SERVICES, INC. (G08068); TRI-COUNTY SPECIALTY MEDICAL EQUIPMENT & SUPPLIES, INC. (V03258); and TRI-COUNTY PEDICARE, INC.; TRI-COUNTY HEALTHCARE NETWORK, INC. (P96000053286); effective immediately.

I also give notice that I have no position as employee, officer or director of any of the above and have not been paid by them since February, 1999 and was informed quite some time back that I would be replaced in any capacity I held at that time. My last known address to contact the officers and directors of the companies was Lars Thurman, 15912 Wyndover Road, Tampa Florida 33647 and William Tapella, 13923 Peperell Drive, Tampa, Florida 33624.

I have not been the President of any of those entities since March 31, 1999.

STEVEN J. GETTER

STATE OF FLORIDA)
)
COUNTY OF ~~MIAMI-DADE~~ Broward)

The foregoing instrument was acknowledged before me this 5th day of May, 1997, by STEVEN J. GETTER, who is personally known to me ~~or who has produced as identification~~ and who did not take an oath.

Printed/Typed Name: Susan C. Pitruzzella
Notary Public-State of Florida
Susan C. Pitruzzella
My Commission Expires: 6/03/01

(NOTARY SEAL)

OFFICIAL NOTARY SEAL
SUSAN C PITRUZZELLA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC658348
MY COMMISSION EXP. JUNE 23,2001