

G08068

Requestor's Name _____

Address _____

12 **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 RM-M-P (Tami)

RECIPIENT: PEEL HERE

Use Only

(n):

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

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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****280.00 *****35.00

\$35
CORPORATE

old Res
PCC 8-3

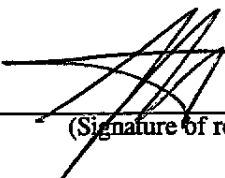
Examiner's Initials _____

OFFICER / DIRECTOR RESIGNATION

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

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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

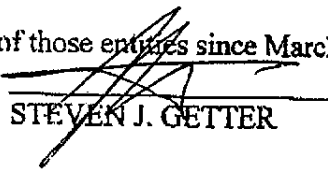
STEVEN J. GETTER
10038 Vestal Place
Coral Springs, Florida 33071

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.

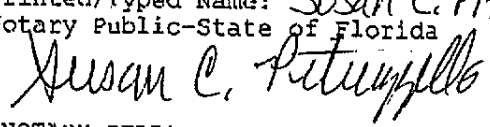

STEVEN J. GETTER

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



My Commission Expires: 6/23/01

(NOTARY SEAL)

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