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Date  Date  Sender's  Name	TAMA	TAKE SELECTION OF THE PARTY OF
G Company PEARSON	Phone 305 669-4433	The state of the s
City MIAMI  2 Your Internal Billing Refer	State FL ZIP 33146	
☐ Walk in ☐ Mail out ☐		ied Copy icate of Status
NEW FILINGS	AMENDMENTS 7	000029491670 -06/25/3901071001 ****105.00 *****35.00
Profit	Amendment	*****103.00 ******33.00
NonProfit	Resignation of R.A., Officer/ Director	\$26
Limited Liability	Change of Registered Agent	420
Domestication	Dissolution/Withdrawal	PACIPES
Other	Merger	OF 110000
OTHER FILINGS  Annual Report	REGISTRATION/	
Fictitious Name	Foreign	- O A
Name Reservation	Limited Partnership	old Par
	Reinstatement	01/
	Trademark	VP
	Other	UNY 1

Examiner's Initials

## OFFICER / DIRECTOR RESIGNATION

I, Jodie C. GETTER , hereby resign as VP, 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.
Jodie C. Setter
(Signature of resigning officer/director)

## 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