

GRM

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(City/State/Zip/Phone #)

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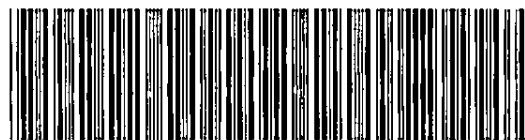
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Respiratory Home Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 674417

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald E Rompot
(Name of Person)

Professional Respiratory Home Care, Inc.
(Name of Firm/Company)

1020 North Parrott Ave
(Address)

Okeechobee Fl. 34972
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Rompot at (772) 473-3110
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

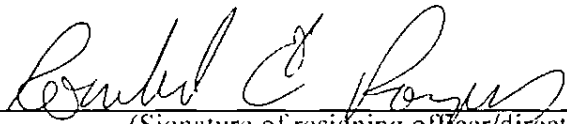
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, RONALD E ROMPOT, hereby resign as Vice President
(Title)

of Professional Respiratory Home Care, Inc.
(Name of Corporation)

674417, a corporation organized under the laws of the State
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314