

H57131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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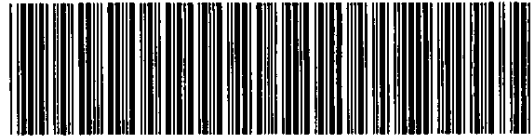
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amelia Home Health Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** H57131

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

Please return all correspondence concerning this matter to the following:

**Timothy Shippee**

(Name of Person)

**Hathaway & Reynolds, P.A.**

(Name of Firm/Company)

**50 A1A North, Suite 108**

(Address)

**Ponte Vedra Beach, FL 32082**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Timothy Shippee**

(Name of Person)

at ( **904** ) **280-5526**

(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, Harriet W. Stephenson, hereby resign as Secretary/Treasurer/Director  
(Title)

of Amelia Home Health Services, Inc.  
(Name of Corporation)

H57131, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Harriet W. Stephenson  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 27 AM 8:51

**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