

H111777S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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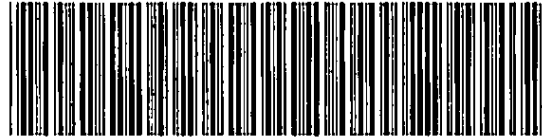
(Business Entity Name)

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CLERK OF THE COURT
HALLANDALE BEACH, FLORIDA

18 MAR 30 PM 4:55

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HORIZON HEALTHCARE SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: H77798

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

Please return all correspondence concerning this matter to the following:

JOHN AFFENITA

(Name of Person)

HORIZON HEALTHCARE SERVICES INC

(Name of Firm/Company)

1357 BRICKYARD RD

(Address)

CHIPLEY FL 32428

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN AFFENITA at (516) 6800433
(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, JOHN AFFENITA, hereby resign as PTD
(Title)

of HORIZON HEALTHCARE SERVICES INC
(Name of Corporation)

H77798, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
18 MAR 30 PM 4:55
TALLAHASSEE, FLORIDA

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