

PO2000104976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

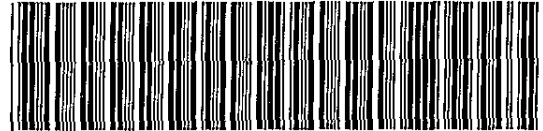
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/27/02--01050--007 \*25 00

FILED  
03 JAN 27 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN JAN 28 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED COMPREHENSIVE HEALTHCARE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 2000 1049 71.

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

Please return all correspondence concerning this matter to the following:

PAULA J BLACK  
(Name of Person)

ADVANCED COMPREHENSIVE HEALTH CARE, INC  
(Name of Firm/Company)

14859 SEMINOLE TRAIL  
(Address)

SEMINOLE FL 33776  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA BLACK at ( 727 ) 418-1984  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

January 19, 2003

14859 Seminole Trail  
Seminole, Florida 33776

Re: Advanced Comprehensive HealthCare, Inc.

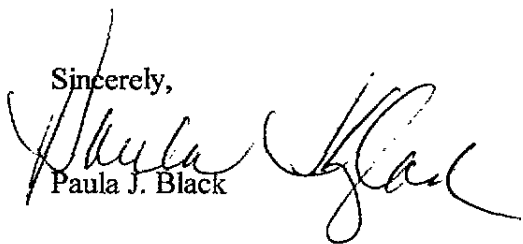
Attention: Division of Corporations

This letter will serve as notice that I am resigning from the corporation of Advanced Comprehensive HealthCare, document number P02000104976.

On 12/23/02, I had submitted the form for "resignation as an agent" along with \$35.00 (check# 620). Your office has notified me that this is not the appropriate form but that this letter would be acceptable.

Please confirm that this request has been accepted and processed.

Sincerely,

  
Paula J. Black

RECEIVED  
03 JAN 27 AM 10:29  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
03 JAN 27 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Paula H. Hall, hereby resign as Secretary  
(Title)  
of Advanced Comprehensive Health Care, Inc.  
(Name of Corporation)  
PC2000104976, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Paula H. Hall  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

*pd 12/23/02*  
*Check # 620*

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

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