

P02000116605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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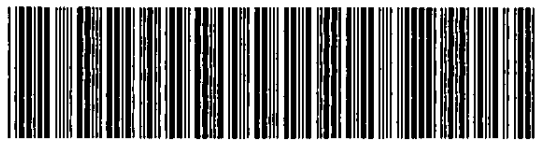
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SENIOR INHOME CARE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000116605

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

Please return all correspondence concerning this matter to the following:

Richard D. Wetzel, Jr., Esq.

(Name of Person)

Crabbe, Brown & James LLP

(Name of Firm/Company)

500 S. Front St., Suite 1200

(Address)

Columbus, Ohio 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Wetzel, Jr., Esq.

(Name of Person)

at ( 614 ) 229-4526

(Area Code & Daytime Telephone Number)

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

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Patricia A. McConnell, hereby resign as President  
(Title)

SENIOR INHOME CARE, INC.  
of \_\_\_\_\_  
(Name of Corporation)

P02000116605, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

/s/ Patricia A. McConnell  
(Signature of resigning officer/director)

PATRICIA A. McCONNELL

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SECRETARY OF STATE  
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