

P02000132508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

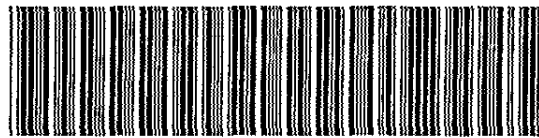
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200028764052

02/18/04--01006--010 **35.00

FILED
04 FEB 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/23/div
na. office

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTINUOUS CARE HEALTH SERVICES CORP
(Name of Corporation)

DOCUMENT NUMBER: P02000132508

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

Please return all correspondence concerning this matter to the following:

HUGH GASHOP
(Name of Person)

CONTINUOUS CARE HEALTH SERVICES CORP.
(Name of Firm/Company)

7200 LAKE ELLENOR DRIVE SUITE 240
(Address)

ORLANDO, FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN FRAMES at (407) 856 8075
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HUGH GOSHOP, hereby resign as DIRECTOR
(Title)

of CONTINUOUS CARE HEALTH SERVICES CORP
(Name of Corporation)

PO2000132508, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

[Signature]
(Signature of resigning officer/director)

FILED
04 FEB 17 AM 10:55
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