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(Address)	
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`	,	
. (City/Sto	te/Zip/Phone #)	
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COVER LETTER

	vision of Corporations		
SUBJECT	ր։ Total Home Health, Inc.		
	(Na	me of Corporat	ion)
DOCUME	ENT NUMBER: P03000001588	<u> </u>	
The enclos	sed Resignation of Registered Agen	ıt for a Corpor	ation and fee are submitted for filing.
Please retu	irn all correspondence concerning t	his matter to t	he following:
Alain J. I	Hernandez		,
······································	(Name of Person)		-
Total Ho	me Health, Inc.		
	(Name of Firm/Company)		-
3109 W.	Hallandale Beach Blvd. STE 10)6	
	(Address)		-
Hallanda	ale, Florida 33009		
	(City/State and Zip Code)		-
For further	information concerning this matte	r, please call:	
Judy Caja	ar	at (<u>954</u>	962-2133
	(Name of Person)	(Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	J7.0502(2), 617.0502(2), 607.1509, or 617	ري ,1509,
Florida Statutes, the undersigned, Sh	eldon V. Ramkisson	7.1509, ₍₂₎
	(Name of Registered Agent)	9
hereby resigns as Registered Agent for	Total Home Health, Inc.	OS AUG
, , , ,	(Name of Corporation)	
P03000001588		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last kno	own address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
A.A.		
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
C	Typed or Printed Name)	
	(Canacity)	

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314