

PD3000023374

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Interim Health Care of South Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 803000023374

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

Please return all correspondence concerning this matter to the following:

LYNN LABARTIA

(Name of Person)

(Name of Firm/Company)

1033 Lenox Ave # 203

(Address)

Miami Beach, fl. 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNN LABARTIA

(Name of Person)

at (786) 586 9394

(Area Code & Daytime Telephone Number)

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

Mailing Address:

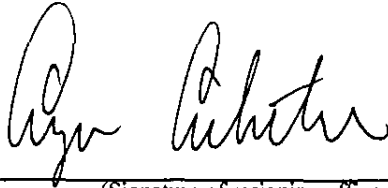
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LYNN LABARTHA, hereby resign as Secretary
(Title)
of Interim Health Care of South FL, INC.
(Name of Corporation)
P 03000023374, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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