P03000135195

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COVER LETTER

Realcare Home Health, Inc. (Name of Corporation) P03000135195 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mirta Rojas (Name of Person) (Name of Firm/Company) 19117 NW 64 Court (Address) Miami / FL 33015 (City/State and Zip Code) For further information concerning this matter, please call: Mirta Rojas (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Post Office Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_{I.} Mirta Rojas	, hereby resign as Vice-President
	(Title)
of Realcare Home Health	
	(Name of Corporation)
P03000135195 (Document Number, if know	, a corporation organized under the laws of the State of
Florida	
(
_ X \	
	(Signature of resigning officer/director)

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