

P04000004574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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12-31-14

PC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vital Homecare of Florida, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000004574

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

Please return all correspondence concerning this matter to the following:

David Gary Ledis

(Name of Person)

Vital Homecare of Florida, INC.

(Name of Firm/Company)

9645 Wyeth Ct.

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

David G. Ledis

(Name of Person)

at (561) 9065482

(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

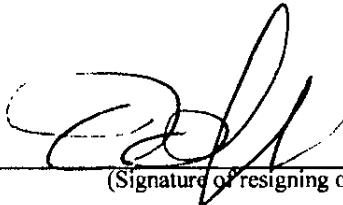
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David G. Ledis, hereby resign as Title D, V
(Title)

of Vital Homecare of Florida, INC.
(Name of Corporation)

P04000004574, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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