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LAZARUS

PAGE 01/02

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MANICANA HOME HEALTH AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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611 2017

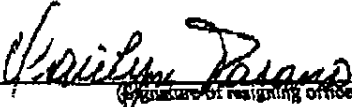
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Caridad M. Farano, hereby resign as Vice President/Director
(Title)

of Manicana Home Health Agency, Inc.
(Name of Corporation)

P04000066721, 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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TALLAHASSEE, FL 32314

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