P04000072015

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Preferred Care Home Health Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000072015

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

Please return all correspondence concerning this matter to the following:

Vivian C. Melley
(Name of Person)

Preferred Care Home Health Services, Inc.
(Name of Firm/Company)

9085 S.W. 87 Avenue Suite 208
(Address)

Miami, Florida 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian C. Melley at (305) 772-3265
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Maria A. Rodriguez, hereby resign as Vice President
(Title)

of Preferred Care Home Health Services, Inc.
(Name of Corporation)

P04000072015, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Maria A. Rodriguez
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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