

P04000080932

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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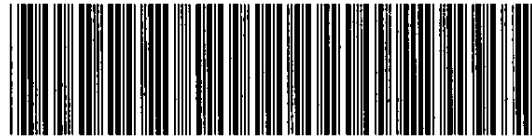
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurance HomeCare Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO4000080932

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

Please return all correspondence concerning this matter to the following:

Hazel Jean Wright

(Name of Person)

ASSURANCE HomeCare Inc.

(Name of Firm/Company)

1645 Lakeland Hills Blvd. P O BOX 91659

(Address)

Lakeland FL 33804 - 1659

(City/State and Zip Code)

For further information concerning this matter, please call:

H Jean Wright

(Name of Person)

at (863) 680 - 2273

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Karren A. Cornelius, hereby resign as VP
(Title)

of ASSURANCE HomeCare Inc.
(Name of Corporation)

P04000080932, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Karren Cornelius
(Signature of resigning officer/director)

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SECRETARY OF STATE
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