

PD4000100030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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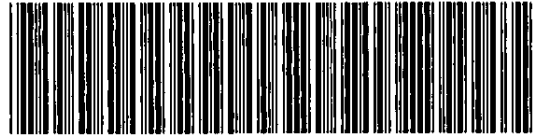
(Business Entity Name)

(Document Number)

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12 JAN 20 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Signature HomeCare, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000/00030

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

Please return all correspondence concerning this matter to the following:

Craig Ahal  
(Name of Person)

Signature HomeCare Inc.  
(Name of Firm/Company)

2740 SW Martin Downs Blvd PMB 408  
(Address)

Palm City, FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Ahal at ( 772 ) 219-6964  
(Name of Person) (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

FILED

12 JAN 20 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Patrick N. Yancey, hereby resign as VP, Treasurer, Director  
(Title)

of Signature Homecare, Inc.  
(Name of Corporation)

P04000100030, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Patrick N. Yancey  
(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