

PO4000122279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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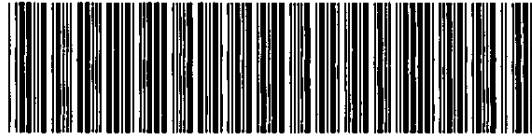
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TR 10/7/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDSEL HOME HEALTH CARE CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000122279

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

Please return all correspondence concerning this matter to the following:

ROBERT O VEGA , CPA

(Name of Person)

ROBERT O VEGA , CPA, P.A.

(Name of Firm/Company)

14461 SW 83 STREET

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT O VEGA , CPA at (305) 283-1964
(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**

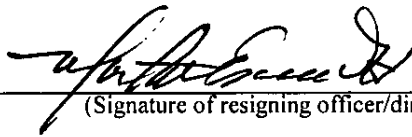
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARTHA J. ESCOBAR, hereby resign as DIRECTOR
(Title)

of MEDSEL HOME HEALTH CARE CORP.
(Name of Corporation)

P04000122279, 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