

P04000133599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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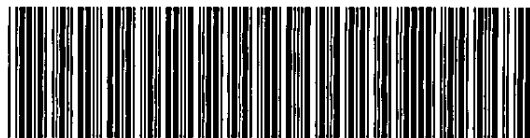
(Business Entity Name)

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07 MAY 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P04000133599

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

Please return all correspondence concerning this matter to the following:

Carol White
(Name of Person)

Preferred Home Care/Comforcare
(Name of Firm/Company)

8359 Beacon Blvd. Ste 112
(Address)

Ft. Myers, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis McMillion at (239) 425-2701
(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
07 MAY 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Melissa B. Horinek, hereby resign as President
(Title)
of Preferred Home Care Services, Inc.
(Name of Corporation)

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

Melissa B. Horinek
(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