

PO4000140702

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-6-06
01049

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE HOME HEALTHCARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000140702

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JORGE L. RODRIGUEZ
(Name of Contact Person)

NEW LIFE HOME HEALTHCARE, INC.
(Firm/Company)

13155 SW 42 STREET, SUITE 104
(Address)

MIAMI, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Luis Rodriguez at (305) 609 3720
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JUAN C. VIERA, hereby resign as PRESIDENT
(Title)

of NEW LIFE HOME HEALTHCARE, INC.
(Name of Corporation)

P04000140702, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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