

704000158392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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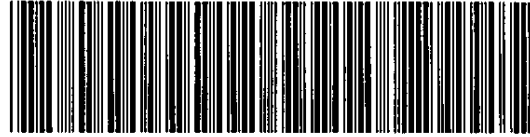
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 03 2015  
T. LEMIEUX

*(Handwritten signature)*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRIDGES HOME HEALTH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000158392

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

Please return all correspondence concerning this matter to the following:

**MAUREEN BERGES**

(Name of Person)

**BRIDGES HOME HEALTH, INC.**

(Name of Firm/Company)

**1931 WINKLER AVENUE**

(Address)

**FORT MYERS, FL 33901**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MAUREEN BERGES** at **239 823-3840**

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DANIEL LYNCH, hereby resign as PRESIDENT AND DIRECTOR  
(Title)

of BRIDGES HOME HEALTH, INC.  
(Name of Corporation)

P04000158392, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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