

P050000, 31190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

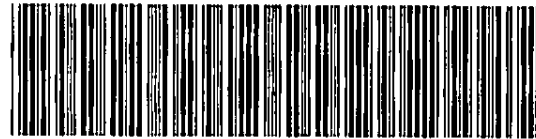
(Business Entity Name)

(Document Number)

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As to JUN 12 10:10 AM  
JUN 12 2019

JUN 21 2019  
C McNAIR

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bishop Home Care, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000031190

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

Please return all correspondence concerning this matter to the following:

Mary R. McGee  
(Name of Person)

Bishop Home Care, INC.  
(Name of Firm/Company)

1627 E 8th Street  
(Address)

Jacksonville, FL 32206  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary R. McGee at (904) 355-9731  
(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

RECEIVED  
2019 MAY 20 AM 11:45  
OFFICE OF THE  
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alicia Davis, hereby resign as Executive Secretary  
(Title)

of Bishop Home Care, Inc  
(Name of Corporation)

P05000031190, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Alicia Davis  
(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