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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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officer Presignation

7/9/08

COVER LETTER

Amendment Section Division of Corporations

TO:

| • | |
|--|--|
| SUBJECT: Helping Hands I | Rehab & Home Health Services, Inc. (Name of Corporation) |
| | • |
| DOCUMENT NUMBER: | 205000055412 |
| The enclosed Officer/Director I | Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence | e concerning this matter to the following: |
| Damian Castilla | |
| (Name of | Person) |
| Helping Hands Rehab & Ho | ome Health Services, Inc. |
| (Name of Fire | m/Company) |
| 11262 SW 73 Terrace | |
| (Addi | ress) |
| Miami, FL 33173 | |
| (City/State ar | id Zip Code) |
| For further information concern | ning this matter, please call: |
| Damian Castilla | at (305) 335-5492 (Area Code & Daytime Telephone Number) |
| (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 |

Paola Apaza

10449 SW 210th Terrace

Miami. FL 33189

May 26, 2007

ZOOB JUL -7 AM 10: 30
TALLAHASSEE. FLORIDA

Damian Castilla

President

Helping Hands Rehab & Home Health Services, Inc.

11262 SW 73rd Terrace

Miami, FL 33173

Dear Damian Castilla:

I here by tender my resignation as vice-president and director of Helping Hands Rehab & Home Health Services, Inc., effective immediately.

Please notify the Florida Secretary of State regarding this matter so that the public records can be updated.

Sincerely

Paola Apaza

Vice-president