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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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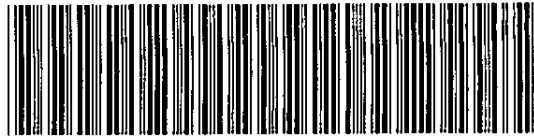
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
FALL ALABAMA

SEP 06 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHMAX HOME CARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000120741

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

Please return all correspondence concerning this matter to the following:

MILTON MORENO

(Name of Person)

HEALTHMAX HOME CARE SERVICES INC.

(Name of Firm/Company)

1140 WEST 50TH STREET, SUITE 207-A

(Address)

HIALEAH, FL. 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

MILTON MORENO

(Name of Person)

at (305) 825 0109

(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**

I, IRCIA CABRERA, hereby resign as VP
(Title)

of HEALTHMAX HOME CARE SERVICES INC.
(Name of Corporation)

P05000120741, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Cabrera.
(Signature of resigning officer/director)

FILED
16 SEP -4 AM 10:38
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