

PO5000124458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Resignation
to officer*

06/07/10--01062--004 **35.00

SECRETARY OF STATE
TREASURER, FIDELITY

2010 JUN -7 PM 4:48

FILED

6/9/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL HOME CARE SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000124458

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

Please return all correspondence concerning this matter to the following:

JORGE SALINAS

(Name of Person)

PROFESSIONAL HOME CARE SOLUTIONS, INC.

(Name of Firm/Company)

7174 SW 47 STREET SUITE 7174

(Address)

MIAMI, FLORIDA 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

ELSA RUIZ

(Name of Person)

at (305) 740-9433

(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**

FILED

2010 JUN -7 PM 4:48


**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, JORGE SALINAS, hereby resign as SECRETARY - TREASURER
(Title)

of PROFESSIONAL HOME CARE SOLUTIONS, INC.
(Name of Corporation)

P05000124458, 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