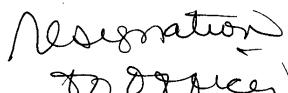
P05000124458

(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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Office Use Only



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



180/9/10

COVER LETTER

Amendment Section Division of Corporations

TO:

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 at (305) 740-9433 (Name of Person) (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				

OFFICER / DIRECTOR RESIGNATION FILED

FOR A CORPORATION 2011 JUN -7 MM 14: 48

SECRETARY OF STARL TABERHASSEE, FLORIDA

JORGE SALINAS	hereby resign as	SECRETARY - TREASURE
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)
of PROFESSIONAL HOME CARE SOL	UTIONS, INC.	
(Name of Corpor	ration)	
P05000124458, a corp	poration organized un	der the laws of the State of
FLORIDA		
(Signature	of respaning officer/direc	tor)

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