

PO5000154221

(Requestor's Name)

(Address)

(Address)

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TO: Amendment Section
Division of Corporations

SUBJECT: PARADISE HOME HEALTH, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000154221

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

Please return all correspondence concerning this matter to the following:

ELENA ALEMAN

(Name of Person)

PARADISE HOME HEALTH, INC.

(Name of Firm/Company)

6555 NW 36th ST. STE. 211

(Address)

MIAMI, FLORIDA 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ELENA ALEMAN

(Name of Person)

at (305) 870-0401

(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

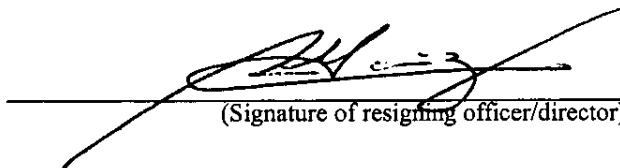
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ISABEL C. MARTINEZ, hereby resign as SECRETARY
(Title)

of PARADISE HOME HEALTH, INC.
(Name of Corporation)

P05000154221, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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RECEIVED
FEB 7 1997

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