

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2010 APR 19 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
COUNTY WIDE HOME CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

OD/Res  
@ 4.19.10

10 APR 19 PM 4:06

Electronic Filing Menu

Corporate Filing Menu

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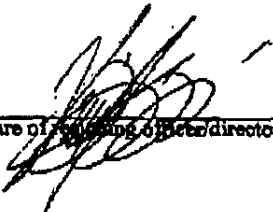
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**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KHALED EBLEBLAWY, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of COUNTY WIDE HOME CARE, INC.  
(Name of Corporation)

P06000043486, 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

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APR 19 2010

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