Division of Corporations Electronic Filing Cover Sheet

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R. WHITE

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COR AMND/RESTATE/CORRECT OR O/D RESIGN QUALITY LIFE HOME CARE CORP.

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Electronic Filing Menu

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Help

305

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Surgery Quality Life Home Care Corp.

(Name of Corporation)

DOCUMENT NUMBER: P06000054773

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

Please return all correspondence concerning this matter to the following:

Isolda Saldarriaga

(Name of Person)

Quality Life Home Care Corp.

(Name of Firm/Company)

11448 W. Okeechobee Rd.

(Address)

Hialeah Gardens, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Isolda Saldarriaga

...786

277-6937

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

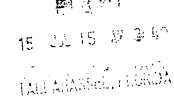
Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

H15000172143 3

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



ւ Isolda Saldarriaga	Vice President & Director
	(Title)
{of} Quality Life Home Ca	re Corp.
(Name of Cor	poration)
P06000054773	orporation organized under the laws of the State of
(Document Number, if known)	
Florida	

Isolda Saldarriaga

Digitally signed by isolda Saldarrage

DN. crackolda Saldarrage, o=Curality Life Home Care Corp.
Out, amai-inpropriety stategat corp.
Date: 2015 07:15 09:3534 - 04/00*

(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