

PD6 0000 82004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Emmanuel Home Health Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000082004  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Mercedes Preciado  
\_\_\_\_\_  
(Name of Person)

Emmanuel Home Health Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

1900 West Commercial Blvd. Suite 22  
\_\_\_\_\_  
(Address)

Hollywood, FL. 33309  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mercedes Preciado at ( 786 ) 486-0158  
\_\_\_\_\_  
(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  
FOR A CORPORATION**

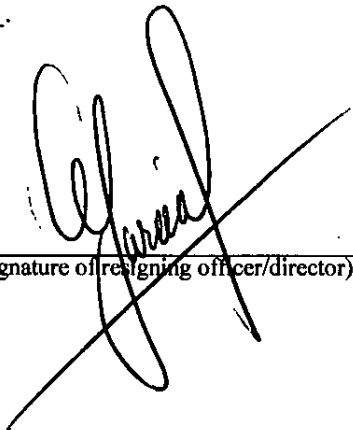
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TALLAHASSEE, FLORIDA

I, Oswaldo J. Garcia, hereby resign as President  
(Title)

of Emmanuel Home Health Inc.  
(Name of Corporation)

P06000082004, 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