

PD6000087069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

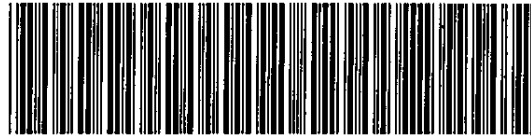
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Home Health Services Corp.
(Name of Corporation)

DOCUMENT NUMBER: P06000087069

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

Please return all correspondence concerning this matter to the following:

Xavier L. Suarez, Esq.
(Name of Person)

Law Office of Xavier L. Suarez
(Name of Firm/Company)

300 Sevilla Av # 210
(Address)

Concepcion, FL 33124
(City/State and Zip Code)

For further information concerning this matter, please call:

Xavier L. Suarez at (305) 442-9393
(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

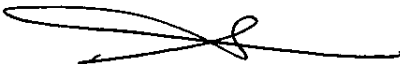
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROYSELDIA VAZQUEZ, hereby resign as PRESIDENT JR
(Title)

of ACCESS HOME HEALTH SERVICE CORP.
(Name of Corporation)

P06000087069, 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