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(Re	questor's Name)	
. (Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
·	·	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	:
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Office Use Only

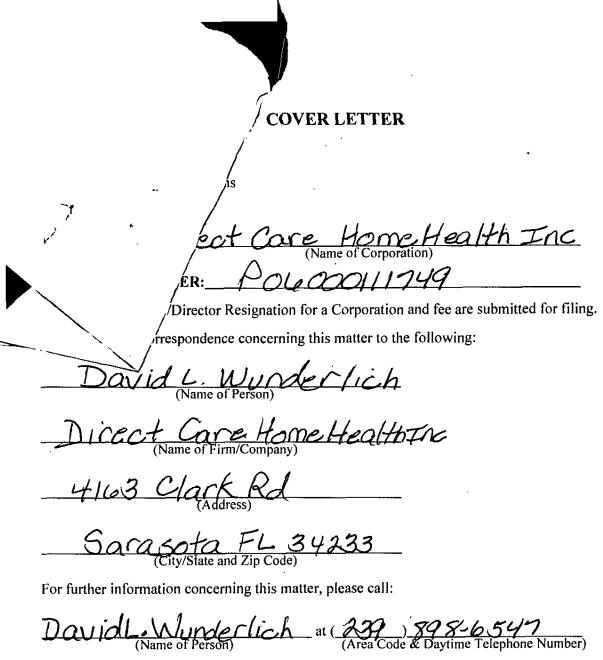


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04/09/07--01010--001 **87.50







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, Paula T Wurder lich hereby resign as Vice Pr	resident (Title)
of Direct Care Home Health Inc	,
Polocument Number, if known), a corporation organized under the laws o	of the State of
Florida	
Signature of resigning officer/director)	O7 APR SECRETA TALLAHA
	HILED R -3 PM I TARY OF STI
FILING FEE IS \$35.00	9

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314