

P06000126437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

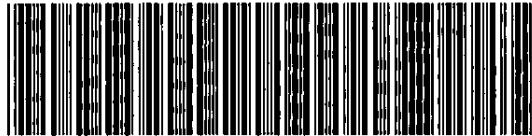
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2009 MAY 22 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign  
TB 5/27/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Acute Home Healthcare, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000126437

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

Please return all correspondence concerning this matter to the following:

Mohammed B. Zaman

(Name of Person)

Acute Home Healthcare, Inc.

(Name of Firm/Company)

377 Maitland Avenue, Suite 2001

(Address)

Altamonte Springs, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Wasim Assaf

(Name of Person)

at ( 321 ) 594-5656

(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**

**FILED**  
2009 MAY 22 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Mohammed B. Zaman, hereby resign as President/CEO  
(Title)

of Acute Home Healthcare Inc.  
(Name of Corporation)

P06000126437, 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