

FB000/30027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

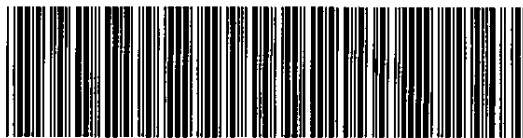
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A SELECT GROUP HOME HEALTH CARE
(Name of Corporation)

DOCUMENT NUMBER: P06000130027

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

Please return all correspondence concerning this matter to the following:

MIGUEL PEREZ

(Name of Person)

A SELECT GROUP HOME HEALTH CARE, INC.

(Name of Firm/Company)

4113 NW 135 STREET

(Address)

OPA LOCKA, FL. 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL PEREZ

(Name of Person)

at (305) 477-6603

(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

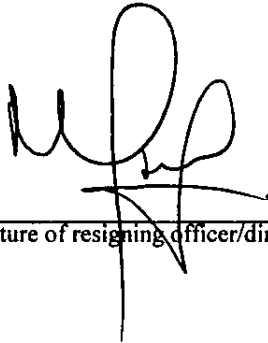
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARLENE GUZMAN, hereby resign as VICE PRESIDENT
(Title)

of A SELECT GROUP HOME HEALTH CARE,
(Name of Corporation)

P06000130027, 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

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