P06000136319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EBENEZER HOME HEALTH CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: 600013631 9

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

Please return all correspondence concerning this matter to the following:

ALFREDO E. GOTERA
(Name of Person)

EBENEZER HOME HEALTH CARE, INC.
(Name of Firm/Company)

1742 WEST 42 PLACE
(Address)

HIALEAH FL. 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO GOTERA at 305 557 2157
(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

I, Alfredo E. Gotera, hereby resign as Secretary.
(Title)

of Ebenezer Home Health Care. Inc.
(Name of Corporation)

P06000136319
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

(Signature of resigning officer/director)

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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