

P06000 140438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

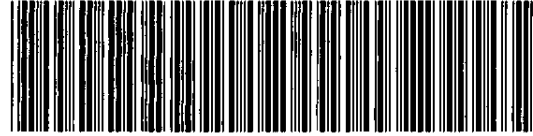
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TAMM HALLS FILING

O/D Resign.

12-16-10

De

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Continental Home Health Care inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000140438

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

Please return all correspondence concerning this matter to the following:

Yusneily Perez  
(Name of Person)

Continental Home Health Care inc  
(Name of Firm/Company)

3475W 27 Ave Suite #1  
(Address)

Miami FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Tejeda at ( 305 ) 799-9838  
(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

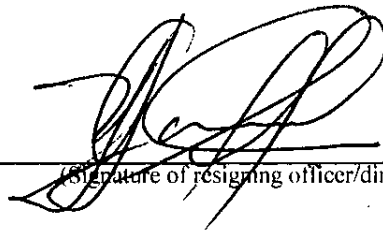
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Yusneily Perez, hereby resign as V. President  
(Title)

of Continental Home Health Care, inc.  
(Name of Corporation)

P06000140438, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**DEC 13 AM 9:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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