

PD6000149255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

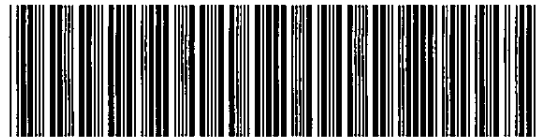
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DD/Res
@ 10/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Home Health Systems, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000149255

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

Please return all correspondence concerning this matter to the following:

Emma Cabrera

(Name of Person)

Premier Home Health Systems, Inc.

(Name of Firm/Company)

1840 W 49 ST, Suite 404

(Address)

Hialeah, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Emma Cabrera

(Name of Person)

at (786) 281-2327

(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

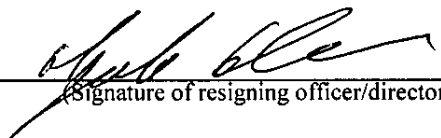
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alejandro Cabrera, hereby resign as Director
(Title)

of Premier Home Health Systems, Inc.,
(Name of Corporation)

P06000149255, 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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