

P06000149255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

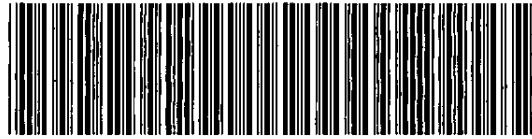
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200148520222

04/06/09--01032--009 **35.00

Mr / Mrs [Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -6 AM 11:51

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 at (786) 281-2327
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -6 AM 11:51

I, Noris Martinez, hereby resign as Secretary
(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

+ Noris Martinez
(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