

PO7000012107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

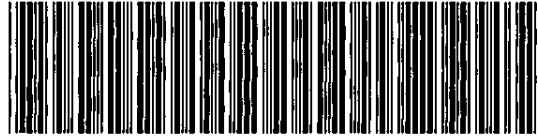
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 28 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Care Home Health Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000012107

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

Please return all correspondence concerning this matter to the following:

Mario Mena

(Name of Person)

First Care Home Health Services, Inc.

(Name of Firm/Company)

3750 W 16 AVE Suite #142-U Hialeah, FL 33012

(Address)

Hialeah/FL/33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Mario Mena

305 772-0127

(Name of Person)

at ()

(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**

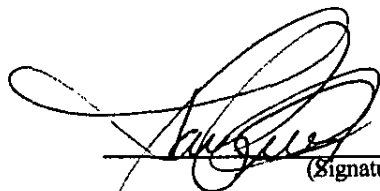
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07 FEB 27 AM 11:34
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

I, Jose Ramon Perez, hereby resign as Vice President:
(Title)

of First Care Home Health Services, Inc.
(Name of Corporation)

P07000012107, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 Feb 27, 2007
(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