

P07 0000014543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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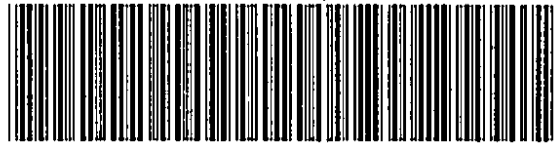
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Community Therapy Home Care, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000014543  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Donna M. Gale  
\_\_\_\_\_  
(Name of Person)

Integrated Home Care Services, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

3700 Commerce Way  
\_\_\_\_\_  
(Address)

Miramar, FL 33025  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna M. Gale at (8442154264 Ext. 7494)  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Elaine R. MacCollom, hereby resign as Administrator  
(Title)

of Community Therapy Home Care, Inc.  
(Name of Corporation)

P07000014543  
(Document Number, if known), a corporation organized under the laws of the State of  
Florida

Elaine R. MacCollom  
(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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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