

PO7000032416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off Resign
C. Coulllette SEP 10 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOME Health Care Network Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0700032416

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

Please return all correspondence concerning this matter to the following:

HAYDEE A. MAYENS MULLINS
(Name of Person)

HOME Health Care Network Inc
(Name of Firm/Company)

4964 SW 186 WAY
(Address)

MIRAMAR, FLA 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

HAYDEE A MAYENS MULLINS at (954) 443-5518
(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, Michael Bacelo, hereby resign as OFFICER
(Title)

of HOME HEALTH CARE NETWORK INC.
(Name of Corporation)

PO 7000032416, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Michael Bacelo
(Signature of resigning officer/director)

* Please Delete name FROM CORPORATION

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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