

PO7000032416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

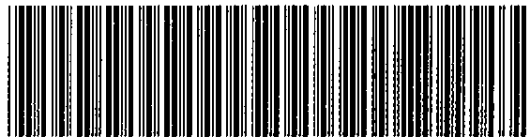
(Business Entity Name)

(Document Number)

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200202272272

Resignation
DB Officer

04/20/11--01032--011 **35.00

FILED
2011 APR 20 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DBF
4/22/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOME HEALTH CARE NETWORK, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000032416

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 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 MULLINS at (305) 984-0502
(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

2011 APR 20 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MANUEL BACELO, hereby resign as TD
(Title)

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

P07000032416, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Manuel BaceLO
(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