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Amendment Section Division of Corporations

TO:

SUBJECT: Home Town Care, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P07000045128
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Andrew J. Decker, IV
(Name of Person)
The Decker Law Firm, P.A.
(Name of Firm/Company)
Post Office Box 1288
(Address)
Live Oak, Florida 32064
(City/State and Zip Code)
For further information concerning this matter, please call:
Andrew J. Decker, IV (Name of Person) at (386) 364-4440 (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytime Telephone Numbe
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

RESIGNATION AS DIRECTOR AND OFFICER FROM HOME TOWN CARE, INC.

This shall serve as formal notice that I, JERRY A. DOORN, do hereby immediately resign from HOME TOWN CARE, INC. as Director and from any offices I hold including, but not limited to the office of President.

Dated this	<u>41</u> day (of Feb		, 2	010.		
		JERR'	YA. BO	OORN		- Tu	
STATE OF FLORII COUNTY OF PINE	ELLAS					ECTETAHASSE	10 MAR 31
DOORN, known to instrument, who ack personally known by	me to be to nowledge by me and to may hand a	ed before me that an oath wand official sea	cribed in that she as taken al in the, 201(Signal(Nam	in and who executed the n.e County and lo.	executed the same and d State last	e foregoing that she is DA aforesaid th	1:59 his
NOTARY SEAL My Commission E:	pires:	KIMBERLY G. BI Notary Public, State Commission# DD8 My comm. expires No.	URKE of Florida 117275	аптрец)	•		
•	•	ne original her		been placed	d in the corp	oorate book	this
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