

PD 7000072562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

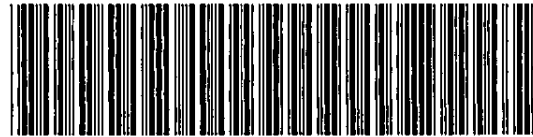
(Business Entity Name)

(Document Number)

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2012 JUN 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
7-31-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DADE-KENDALL HOME HEALTHCARE SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000072562

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

Please return all correspondence concerning this matter to the following:

YELINA I GONZALEZ

(Name of Person)

DADE-KENDALL HOME HEALTHCARE SERVICES

(Name of Firm/Company)

14331 SW 120 ST SUITE-209

(Address)

MIAMI FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

YELINA I GONZALEZ

(Name of Person)

at (305) 970-3089

(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**

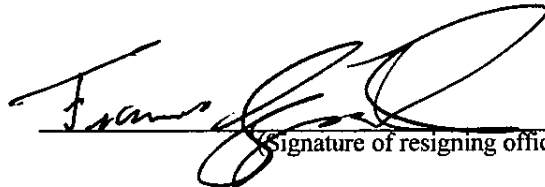
I, FRANCIS IZQUIERDO, hereby resign as PRESIDENT

FILED
2012 JUN 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of DADE-KENDALL HOME HEALTHCARE SERVICES, INC
(Name of Corporation)

P07000072562, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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