

P070000103855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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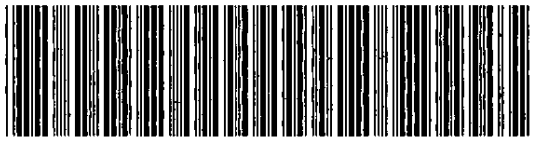
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 22 PM 1:47

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T. Roberts JUL 25 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDLINK HOME HEALTHCARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000103855

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

Please return all correspondence concerning this matter to the following:

Amanda Erin Saenz

(Name of Person)

MedLink Home HealthCare Services, Inc.

(Name of Firm/Company)

2100 West 76 Street, Suite 402.

(Address)

Hialeah, Florida 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Erin Saenz

(Name of Person)

at (305) 818-0705

(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

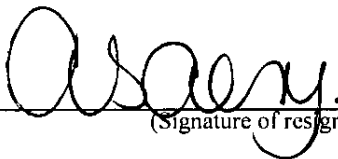
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Amanda Erin Saenz, hereby resign as Secretary
(Title)

of MedLink Home HealthCare Services, Inc.
(Name of Corporation)

P07000103855, 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