

P07000/10803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

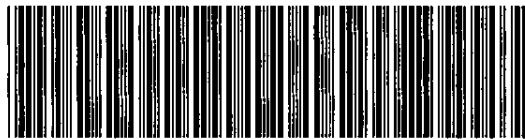
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 12 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vital Solutions Home Health Agency, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000110803

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

Please return all correspondence concerning this matter to the following:

Arlene Sanchez  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2142 Hacienda Terr  
(Address)

Weston, FL. 33327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Arlene Sanchez at (786) 380-0402  
(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**

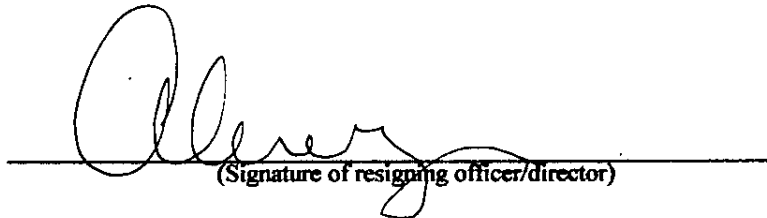
**12 OCT 12 PM 3:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Arlene Sanchez, hereby resign as President + Treasurer  
(Title)

of Uital Solutions Home Health Agency, Inc  
(Name of Corporation)

P07000110803, 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