

PD80000058487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

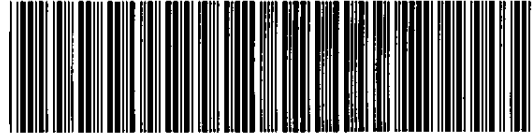
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800208434568

800208434568
06/07/11--01020--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 20 PM 3:11

OD/Res
@ 6/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Health Services of Florida AC INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000058487

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

Please return all correspondence concerning this matter to the following:

Perla Abrams, Esq.
Abrams & Abrams, P.A.
(Name of Person)

Abrams & Abrams, P.A.
(Name of Firm/Company)

9300 SW 87 Ave, #5
(Address)

Miami, Florida 33176
(City/State and Zip Code)

Authorized by
For further information concerning this matter, please call:

Christopher A. Altieri at (305) 598-1880
(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

COPY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2011

PERLA ABRAMS, ESQ.
ABRAMS & ABRAMS, P.A.
9300 SW 87AVE #5
MIAMI, FL 33176

SUBJECT: HOME HEALTH SERVICES OF FLORIDA AC INC.
Ref. Number: P08000058487

We have received your document for HOME HEALTH SERVICES OF FLORIDA AC INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00014145

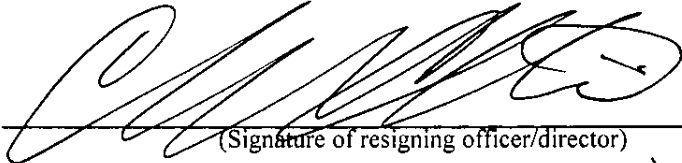
RECEIVED
11 JUN 20 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christopher M. Altieri, hereby resign as President & Treasurer
(Title)

of Home Health Services of Florida AC, Inc.
(Name of Corporation)

PO8000058487, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)
Christopher M. Altieri

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 20 PM 3:11