

PS000107462

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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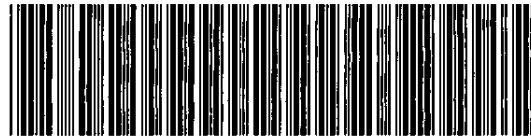
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALING HANDS HEALTH CARE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000108462

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

Please return all correspondence concerning this matter to the following:

Cruz E. Barrientos  
(Name of Person)

HEALING HANDS HEALTH CARE  
(Name of Firm/Company)

11117 W. OKEECHOBEE RD  
(Address)

HAIAH GARDENS FL 33018  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cruz E. Barrientos at ( 954 ) 274-9578  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** ✓  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

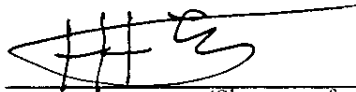
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cruz E. Barrientos, hereby resign as President  
(Title)

of HEALING HANDS HEALTH CARE INC.  
(Name of Corporation)

PO8006108462, 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

**FILED**  
**15 DEC 11 AM 3:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**