

P11000001670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

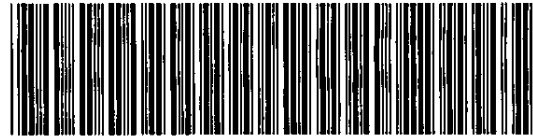
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O/D Resign.

5/13/14

De

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vcare Home Health , Inc.
(Name of Corporation)

DOCUMENT NUMBER: P11000001670

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

Please return all correspondence concerning this matter to the following:

Manzoor A. Khan

(Name of Person)

Vcare Home Health , Inc.

(Name of Firm/Company)

4770 Hairland Dr.

(Address)

West Palm Beach, Fl. 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

Manzoor A. Khan

(Name of Person)

at (**561**) **201-6448**

(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

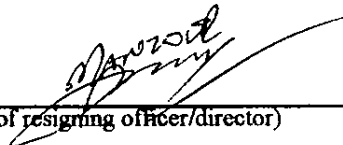
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Manzoor A. Khan, hereby resign as V.P.
(Title)

of Vcare Home Health Inc.
(Name of Corporation)

P11000001670, 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

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14 APR 30 PM 5:00