

P11000019731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA FAMILY HEALTHCARE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P11000019731

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MR. ANTHONY PARADYSE

(Name of Person)

FLORIDA FAMILY HEALTHCARE CORPORATION

(Name of Firm/Company)

80 SPRING VISTA DRIVE, SUITE 100

(Address)

DEBARY, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

MR. ANTHONY PARADYSE

(Name of Person)

at (386) 320-0371

(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**

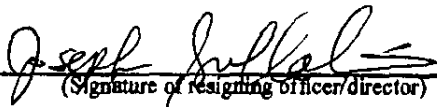
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JOSEPH BUFFALINO, hereby resign as PRESIDENT
(Title)

of FLORIDA FAMILY HEALTHCARE CORPORATION
(Name of Corporation)

P11000019731, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

10/27/2011

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