

P14000031164

(Requestor's Name)

(Address)

(Address)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADEPT LIFE MEDCARE, INC

(Name of Corporation)

DOCUMENT NUMBER: P14000031164

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

Please return all correspondence concerning this matter to the following:

FRANCISCO OCASIO

(Name of Person)

(Name of Firm/Company)

510 NW 84TH AVE #412

(Address)

CORAL SPRINGS, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO OCASIO at **954** **478-5531**

(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

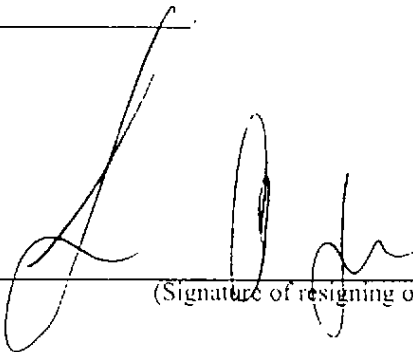
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANCISCO OCASIO, hereby resign as VP
(Title)

of ADEPT LIFE MEDCARE, INC
(Name of Corporation)

P14000031164, 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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