

P1400004/3882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

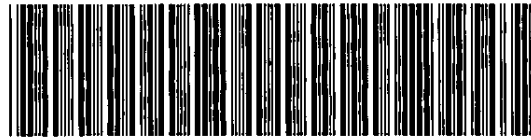
(Business Entity Name)

(Document Number)

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14 MAY 22 PM 12:53

OD/RES
@ 6.5.14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I want to remove my name as a VP on this form as of filing date. I did not consent to this.

(Name of Corporation)

DOCUMENT NUMBER: P14000043882

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

Please return all correspondence concerning this matter to the following:

Lorraine Pierce

(Name of Person)

Best Home Healthcare, Inc

(Name of Firm/Company)

2881 East Oakland park Blvd. Ft. Lauderdale, FL #202/204

(Address)

33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorraine Pierce

(Name of Person)

at (**954**) **937-4164**

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 22 PM 12:59

I, Lorraine M. PIERCE, hereby resign as Vice President or Person who incorporates
(Title)

of Best Home Healthcare, Inc
(Name of Corporation)

P14000043882, a corporation organized under the laws of the State of
(Document Number, if known)

Fl.

Lorraine Marie Pierce
(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