

P1400004/3882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

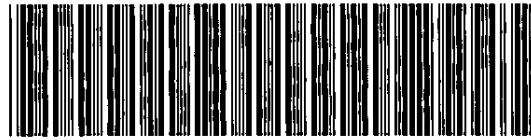
(Business Entity Name)

(Document Number)

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14 MAY 22 PM 12:53

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@ 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:** P140000043882

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