

P94600040137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

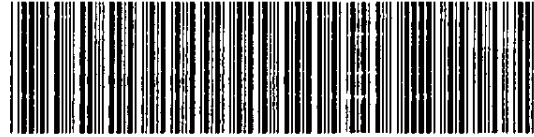
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500199194685

03/29/11--01004--031 **35.00

FILED
11 MAR 29 AM 9:41
TALLAHASSEE, FLORIDA

WAL 4/4/11

COVER LETTER

TO: Amendment Section
Division of Corporation

DATE: February 23 2011

SUBJECT: CLINICAL HOME CARE INC

DOCUMENT NUMBER: P94000040137

The enclosed *Resignation of Registered Agent for a Corporation* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA M. DELGADO

LAW OFFICE OF DONNA M DELGADO
1031 IVES DAIRY ROAD
SUITE 228
MIAMI FLORIDA 33179

For further information on this matter, please call:

Donna M Delgado, at 305 654 8202

Enclosed is a check for \$35 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DOMINIA M DELGADO

(Name of Registered Agent)

hereby resigns as Registered Agent for CLINICAL HOME CARE, INC.

(Name of Corporation)

P94000040137

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

[Signature]

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
11 MAR 29 AM 9:41
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314