

P96000071537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

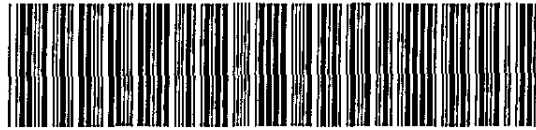
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Health Care & Nursing Solutions of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000071537

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

Please return all correspondence concerning this matter to the following:

Lisa A. Haverty

(Name of Person)

(Name of Firm/Company)

P.O. Box 13072

(Address)

Tampa, FL 33681

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa A. Haverty

(Name of Person)

at (813) 299-8945

(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
409 E. Gaines Street
Tallahassee, FL 32399

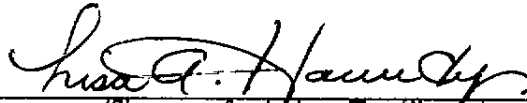
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lisa A. Haverty, hereby resign as Vice President
(Title)

of Home Health Care and Nursing Solutions of Florida, Inc.
(Name of Corporation)

P96000071537, 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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