

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BROAD AND CASSEL - MIAMI OFFICE  
Account Number : I20100000075  
Phone : (305) 373-9445  
Fax Number : (305) 373-9443

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

12 FEB 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION  
PATIENT CHOICE HOME HEALTH AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 28 PM 2:23

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Patient Choice Home Health Agency, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P89000002452

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:

Gisela Fasco

(Name of Person)

B & C Corporate Services, Inc.

(Name of Firm/Company)

2 South Biscayne Boulevard, 21st Floor

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Gisela Fasco

(Name of Person)

at ( 305 ) 373-9400

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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, B & C Corporate Services, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Patient Choice Home Health Agency, Inc.  
(Name of Corporation)

P99000002452

(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 of Resigning Agent)

If signing on behalf of an entity:

Gisela Fasco

(Typed or Printed Name)

Vice President

(Capacity)

**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