

S34101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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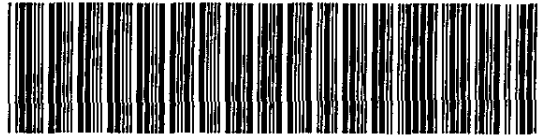
(Business Entity Name)

(Document Number)

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As 2/20/06
of the S.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIME CARE GUEST HOUSE, INC.
(Name of Corporation)

DOCUMENT NUMBER: S34101

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

Please return all correspondence concerning this matter to the following:

HOWARD A SPEIGEL

(Name of Person)

HOWARD A SPEIGEL P.A.

(Name of Firm/Company)

1133 LOUISIANA AVE. #214

(Address)

WINTER PARK FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD A SPEIGEL at (407) 647 5700
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

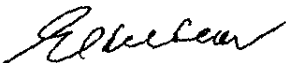
06 FEB 13 PM 12:02

I, ESTER PERSHING DeLeon, hereby resign as SEC/TREAS/DIRECTOR
(Title)

of PRIME CARE GUEST HOUSE, INC.
(Name of Corporation)

S34101, 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