

S49987

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

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 Account Name : CORPDIRECT AGENTS, INC.
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**REGISTERED AGENT RESIGNATION
 ADVANCE HOME CARE, INC.**

Certificate of Status	0
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Page Count	02
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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

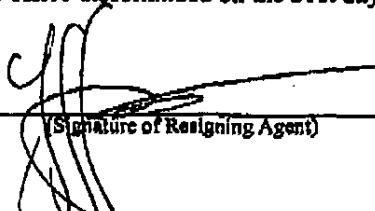
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Yvonne G. Grassie
(Name of Registered Agent)
hereby resigns as Registered Agent for ADVANCE HOME CARE, INC.
(Name of Corporation)

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(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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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FLORIDA
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
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