

S85656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

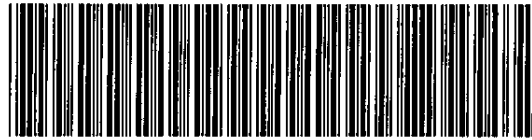
(Business Entity Name)

(Document Number)

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07 MAR 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Care of South Florida, Inc
(Name of Corporation)

DOCUMENT NUMBER: S 85656

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

Please return all correspondence concerning this matter to the following:

Barbara Flynn
(Name of Person)

Homecare of South FL, inc
(Name of Firm/Company)

6331 Summer Sky Lane
(Address)

Greensboro, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Flynn at (561) 964-0253
(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

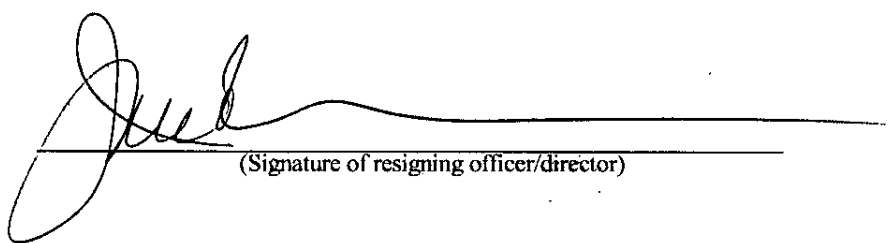
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 MAR 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Julia A. Flynn, hereby resign as Vice president
(Title)

of Home Care of South Florida, Inc.
(Name of Corporation)

585656, 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