## 731145

(Re	questor's Name)		
(Address)			
· (Ad	dress)		
(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nai	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



700167503857

Alsignation

DEFARITED TO STATE OF VISION OF CHEFTWATION THAT STATE OF CHEFTWATION THAT IN A THAT STATE OF THE OFFICE OF

FILED MOFEB 12 M 1:0 ECRETARY OF STATE

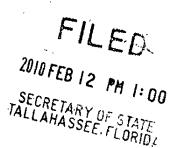
DR John

## DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date: Requestor Name:	2 11 10 Carlton Fields	REC
Address:	Post Office Box 190 Tallahassee, Florida 32302	ECEIVED FB 12 PM 11: 21
Telephone:	(850) 513-3619 (direct) (850) 224-1585	1: 21
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	Dick Howser Ce Childhood	services, Drc.
Entity Number (if appli	721110	
Certified Copy  New Filings  Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( )Will Wait	(X) Pick Up
( ) Mail Out		
CF Internal Use Only Client: 91214 Ma	atter: 99 055	

Name: M. Dona Idea Office: TH

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Michael P. Donaldson	, hereby resign as Vice President/Director
<u> </u>	(Title)
of Dick Howser Center for Childh	ood Services, Inc.
(Name	of Corporation)
731145 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	·
alla	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314