

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

58807

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FEB 06 2013

R. WHITE

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BAYVIEW CENTER FOR MENTAL HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

13 FEB -6 AM 8:03

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H13000029027

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bayview Center For Mental Health, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 747764

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

Please return all correspondence concerning this matter to the following:

NORMAN C. Powell
(Name of Person)

LAW OFFICE OF NORMAN C. POWELL
(Name of Firm/Company)

17100 N.E. 19th Avenue
(Address)

NORTH Miami Beach, Florida 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN C. Powell at (786) 786-279-1600
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2B044 (03/12)

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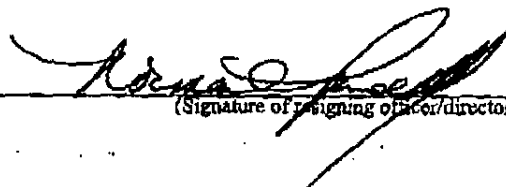
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NORMAN C. POWELL, hereby resign as SECRETARY / Treasurer
(Title)

of Bayview Center for Mental Health, Inc.
(Name of Corporation)

747764, 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

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