747764

Florida Department of State

Division of Corporations

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FEB 06 2013

R. WHITE

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

Certificate of Status	0
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Estimated Charge	$35.00

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13 FEB -6 PM 12:01
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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

CR2E044 (03/12)

H13000029027.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Norman C. Powell, hereby resign as SECRETARY / Treasurer
(Title)

of Bayviews 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)

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TALLAHASSEE, FLORIDA

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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02/06/2013 11:53 3056339696 EMPIRE CORP KIT PAGE 03/03