747764

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ļ
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TRANSMITTAL LETTER

SUBJECT: Baywiew Center for Mental Health
(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:

Matthew Boy/
(Name of Person)

Bayview Center for Mental Health
(Name of Firm/Company)

1020 N.W. 1321,
(Address)

Miami Gavens FL 33159
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Boy/
(Name of Person)

at (191) 236-3942
(Name of Person)

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

TO:

Amendment Section Division of Corporations

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



March 19, 2013

MATTHEW BOYD 1020 NW 163 DR MIAMI GARDEN, FL 33169

SUBJECT: BAYVIEW CENTER FOR MENTAL HEALTH, INC.

Ref. Number: 747764

We have received your document for BAYVIEW CENTER FOR MENTAL HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are not listed as the Registered Agent for the subject Corporation. However, you are listed as an Officer/Director. If you wish to resign as Officer/Director, please find the correct form enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 413A00006493

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Matthew Boyd, hereby resign as Board (Title	<u>membe</u> e)		
of Bayview Center For Mental Health		<u> </u>	
(Document Number, if known) [Document Number, if known) [Document Number, if known]	State SECRET	13 AP	
	ARY OF ST SSEE, FLO	8 8 A	ILED
(Signature of resigning officer/director)		5 -	

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