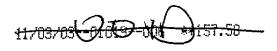
NO 3000001054

(Requestor's Name)		
(Address)		
(1888-2-3)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Doddinon Prantisor)		
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SECRETARY OF STATE

C. Coullistes NOV 2 6 2003

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: POSITIVE SOLUTIONS OF BROWARD C	OUNTY INC
DOCUMENT NUMBER: N03000001054	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
P. EUGENE RAY	
(Name of Person)	_ · · · · · · · · · · · · · · · · · · ·
Positive Solutions of Broward County Inc.	and the second of the second o
(Name of Firm/Company)	<u>-</u>
3213 N OCEAN BLVD	garanta and a same and
(Address)	
FT LAUDERDALE FL 33308	general and the second
(City/State and Zip Code)	
For further information concerning this matter, please call:	
P. EUGENE RAY at (954	566-9272 & Daytime Telephone Number)
(Name of Person) (Area Code	e & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departmen or \$35.00 for an administratively dissolved, voluntarily diss	at of State for \$87.50 for an active corporation colved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 3239	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 7, 2003

P. EUGENE RAY POSITIVE SOLUTIONS OF BROWARD COUNTY,INC 3213 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308

SUBJECT: POSITIVE SOLUTIONS OF BROWARD COUNTY, INC.

Ref. Number: N03000001054

We have received your document for POSITIVE SOLUTIONS OF BROWARD COUNTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Letter Number: 303A00060921

Cheryl Coulliette Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 60	
the undersigned corporation organized under the laws of the Sta	
submits the following statement in order to change its registered	d office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation: Postive Solections Of	BROWARD COUNTY INC
	•
2. The mailing address of the corporation: 3313 N. OCC	an Blyd #6
Ft. LAuderdale Fc. 33308	: • ·
3. Date of incorporation/qualification: 2/7/03 I	Document number: <u>1/03/2000/105</u>
4. The name and address of the current registered agent and regis	stered office:
Lydra Maelia Vangas -	<u></u>
3213 N. OCEAN Blyd #6	
Ft Lauderdale FC 33306	SECONOLUMN
5. The name and address of the new registered agent (if changed	
(P.O. Box NOT Acceptabl	
P. Eugene RAY	Y OF SEE F
3213 N. OCEAN BLU # 6	STA 23 C
Ft. Lauderchole Ft. 33308	
The street address of its registered office and the street address agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its lauthorized by the board.	poard of directors or by an officer so
	11/11/03
(Signature of an officer, chairman or vice chairman of the board)	(Date)
P. Eugae RAY	
(Printed or typed name and title)	 · · ·
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	of process for the above stated mit and agree to act in this capacity. This is the proper and complete to bligation of my position as
(A)	11/17/0.3
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	2
P. Eugene Roty	President
(Typed or Printed Name)	/ (Capacity)

* * * FILING FEE: \$35.00 * * *