

N050000001495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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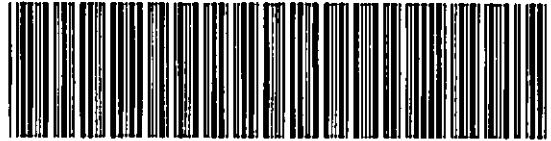
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crossroads Behavioral Health Center, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000001495  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Gregory J. Finer

\_\_\_\_\_  
(Name of Person)

Crossroads Behavioral Health Center, Inc.

\_\_\_\_\_  
(Name of Firm/Company)

3606 Enterprise Ave Suite 300

\_\_\_\_\_  
(Address)

Naples, FLorida 34104

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory J. Finer

\_\_\_\_\_  
(Name of Person)

at ( 239 404-5631 )

\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

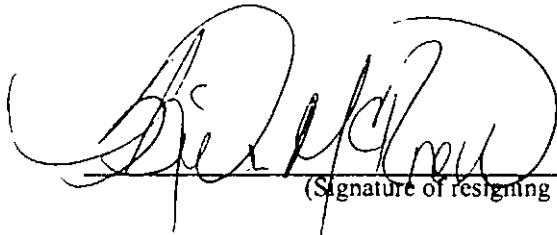
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TALLAHASSEE, FL

I, Shelia J. McKnew, hereby resign as COO  
(Title)

of Crossroads Behavioral Health Center, Inc.  
(Name of Corporation)

N05000001495  
(Document Number, if known), a corporation organized under the laws of the State of

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