NO600000 5938

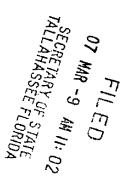
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800091519138

03/09/07--01017--001 **70.00





COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: NO 10 00000 5938

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

Please return all correspondence concerning this matter to the following:

Hey a. Buremire M.D.

(Name of Person)

Neuropsychiatric Institute of Horida

(Name of Firm/Company)

237 Flrswood Blod Sto ///

(Address)

Cassellely + 4 32 730

(City/State/and Zip Code)

For further information concerning this matter, please call:

Rev a. By Amuse Mil (407) 332-6506
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Rick t. MCENTIRE, hereby resign as
(Title)
of Neuropsychiatric Institute of Florida, Onc.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Document Number, if known), a corporation organized under the laws of the State of
Hlorida
Ld & mesat
(Signature of resigning officer/director)
TANKS
CECRETE CONTRACTOR OF THE CONT
HAS AR F
SER -9
FILING FEE IS \$35.00 FILING FEE IS \$35.00
FILING FEE IS \$35.00 Make checks payable to Florida Department of State and mail to: $ \begin{array}{cccccccccccccccccccccccccccccccccc$
Make checks payable to Florida Department of State and mail to: 💆 🦰

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314