N080003818

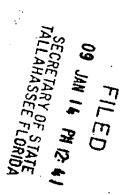
(Rec	luestor's Name)	
		<u> </u>
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
	ж.	
Special Instructions to F	iling Officer:	
	est parties	

Office Use Only



500140440985

01/14/09--01026--012 **35.00





COVER LETTER

	endment Section ision of Corporations		
SUBJECT	Peer Support Networ	rk, Inc.	
		(Name of Corporation)	
DOCUME	NT NUMBER: N080	00003818	
The enclose	ed Officer/Director Resign	nation for a Corporation and	fee are submitted for filing
Please retur	n all correspondence con	cerning this matter to the following	lowing:
Catherine	Hylinski		
	(Name of Perso	on)	
Peer Sup	port Network, Inc.		
	(Name of Firm/Con	npany)	
3557 Lon	e Pine Road		
	(Address)		
Delray Be	each, FL 33445		
	(City/State and Zip	Code)	
For further	information concerning th	his matter, please call:	
Catherine	Hylinski	at (561) 70	2-0727 aytime Telephone Number)
	(Name of Person)	(Area Code & D	aytime Telephone Number)
Enclosed is	a check for \$35.00 made	payable to the Florida Depar	rtment of State.
Street Add Amendmen Division of Clifton Buil 2661 Execu Tallahassee	t Section Corporations ding tive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Shelly Rozenberg	, hereby resign as VP
-7	(Title)
of_Peer Support Network, Inc	
(N	me of Corporation)
N08000003818 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
She	Where the second of the second

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