

# N94000004300

Requestor's Name

— Ψ —

Atlantic Psychiatric Affiliates

P.O. Box 290849

Port Orange, FL 32129

City/State/Zip

Phone #

Office Use Only

FILED  
97 JUL 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Florida Department of State, Sandra B. Mortham, Secretary of State

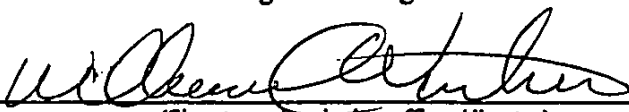
**OFFICER / DIRECTOR RESIGNATION**

**FILED**  
97 JUL 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, William C. Winters, hereby resign as President  
(Title)  
of FAMILY ASSISTANCE NETWORK, INC.  
(Name of Corporation)

4 corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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(Requestor's Name)

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(Address)

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*o/d resig.*

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Sharon K. Winters, hereby resign as Vice President  
(Title)  
of Family Assistance NETWORK, INC  
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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