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(Business Entity Name)

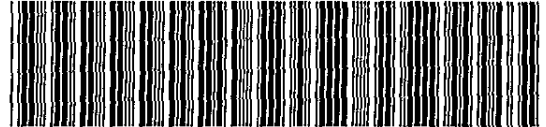
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med-Psych Services, P.A.
(Name of Corporation)

DOCUMENT NUMBER: 000000055342

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

Please return all correspondence concerning this matter to the following:

Morrie I. Levine, Esq.
(Name of Person)

Law Office of Morrie I. Levine
(Name of Firm/Company)

2450 Hollywood Blvd Suite #100
(Address)

Hollywood, Florida 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Morrie I. Levine, Esq. at (954) 925-9000
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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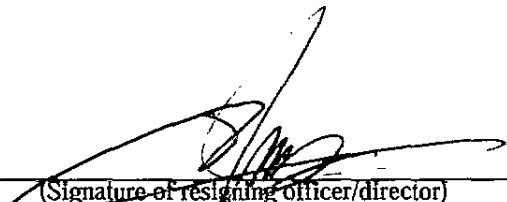
Sent via certified mail, # 7001 2510 0002 3976 4258

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Serge Vilvar D.R.M.D., hereby resign as Director
(Title)

of Med-Psych Services, P.A.
(Name of Corporation)

P00000055342, a corporation organized under the laws of the State of
(Document Number, if known)
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

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