

PO1000004127

(Requestor's Name)

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(City/State/Zip/Phone #)

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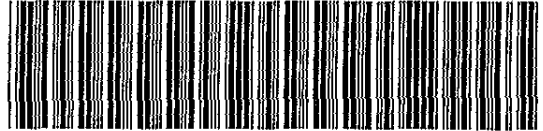
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MENTAL HEALTH & NUTRITION SERVICE, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P 01000004127

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

Please return all correspondence concerning this matter to the following:

JERRY M. SYROP  
(Name of Person)

BNS CONSULTING, INC.  
(Name of Firm/Company)

10698 WILES ROAD #224  
(Address)

CORAL SPRINGS, FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY M. SYROP at ( 861 ) 477-2936  
(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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TALLAHASSEE, FLORIDA

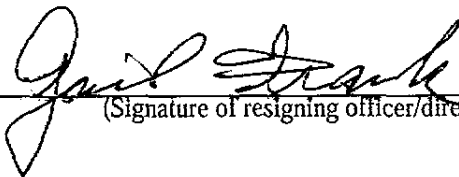
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GAIL FRANK, hereby resign as V.P. & ST  
(Title)

of MENTAL HEALTH & NUTRITION SERVICE, INC.  
(Name of Corporation)

P01000004127, 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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