

PO1000090941

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DIVISION OF CORPORATIONS
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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

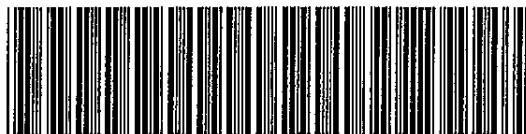
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICAL CONSULTING FOR MENTAL HEALTH AND ADDICTION SERVICES
(Name of Corporation)

DOCUMENT NUMBER: PO1000090941

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER SEAVEY
(Name of Person)

(Name of Firm/Company)

710 104TH AVENUE NORTH
(Address)

NAPLES, FL 34108
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER SEAVEY at (239) 436-7939
(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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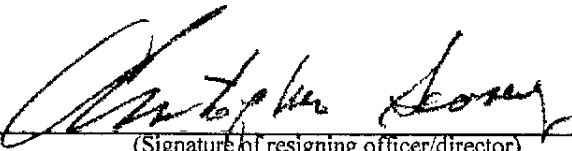
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHRISTOPHER SEAVEY, hereby resign as DIRECTOR
(Title)

of CLINICAL CONSULTING FOR MENTAL HEALTH AND ADDICTION SERVICES INC
(Name of Corporation)

PD100009094, 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