

P02000027281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL 32310

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Florida Psychological Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000027281

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

Please return all correspondence concerning this matter to the following:

Jeri Sheldon
(Name of Person)

N. FL Psychological Services, Inc.
(Name of Firm/Company)

421 St. Johns Avenue #207
(Address)

Palatka, FL 32177
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia L. Morrison at (352) 519-9864
(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
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Patricia L. Morrison, hereby resign as Sec / Treasurer
(Title)

of North Florida Psychological Services, Inc.,
(Name of Corporation)

P02000027281, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Patricia L. Morrison
(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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TALLAHASSEE, FLORIDA