

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NDNC TREATMENT CENTER OF MIRAMAR, INC.
P02000051516 (Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Esther Daniel

(Name of Person)
NDNC TREATMENT CENTER OF MIRAMAR, INC.

(Name of Firm/Company)
3172 S. University Drive

(Address)
Miramar, Florida 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Esther Daniel 954 392-8806

(Name of Person) at ()
(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

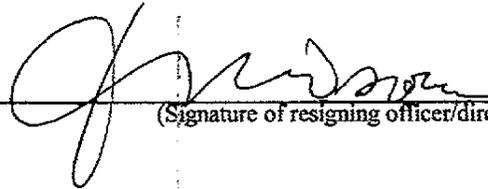
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSEPH M. OSSORIO, hereby resign as PRESIDENT
(Title)

of NDNC TREATMENT CENTER OF MIRAMAR, INC.
(Name of Corporation)

P02000051516, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 22 PM 12:56

FILED

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