

P03000096294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

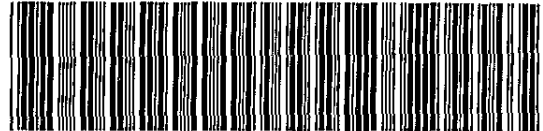
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300056687743

06/30/05--01030--002 **35.00

FILED
05 JUN 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-7
No. 10/10/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Psychotherapy and Testing Consultants, Inc.

(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:

Beatriz Cabrera

(Name of Person)

Psychotherapy and Testing Consultants, Inc.

(Name of Firm/Company)

400 South Dixie Hwy. Suite #9

(Address)

Hallandale Beach, Florida 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Beatriz Cabrera

(Name of Person)

at (954) 854-6815

(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

I, Beatriz Cabrera, hereby resign as Officer
(Title)
of Psychotherapy and Testing Consultants, Inc.
(Name of Corporation)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314