

P03000129647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

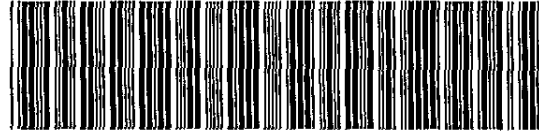
(Business Entity Name)

(Document Number)

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310 Resign.

5/5/04

DC

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Serenity Center for Therapeutic Services, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P03000129047

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

Please return all correspondence concerning this matter to the following:

Eileen M. Martinez, R.N., President  
(Name of Person)

Serenity Center for Therapeutic Services, Inc.  
(Name of Firm/Company)

250 SW 82 Avenue  
(Address)

Miami, Florida 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosie Curiel at ( 305 ) 609-8111  
Name of Person (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35 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

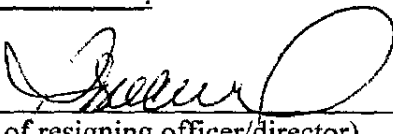
**OFFICER/DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rosie E. Curiel, hereby resign as Treasurer  
(Title)

of Serenity Center for Therapeutic Services, Inc.  
(Name of Corporation)

\_\_\_\_\_, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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