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## **COVER LETTER**

то:	Amendment Section Division of Corporations
SUB.	JECT: Kathy D. Pearce, Psy.D., P.A. (Name of Corporation)
DOC	UMENT NUMBER: P04000126332
The c	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Kath	ny D. Pearce, Psy.D. (Name of Person)
	(Name of Person)
Kath	ny D. Pearce, Psy.D., P.A.
	(Name of Firm/Company)
1688	3 W. Hibiscus Blvd.
	(Address)
Mel	pourne, Florida 32901
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Kath	y D. Pearce, Psy.D. at (321) 723-2330 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	t Address: Indiment Section Identify Sec

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Shannon Hazen	, hereby resign as Treasurer
	(Title)
of Kathy D. Pearce, Psy.D., P.A.	,
(Iname of	f Corporation)
P04000126332 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	· —
Shann	m Han - P
(Sig	gnature 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