P05000095249

(Requestor's Name) (Address) (Address)	400108876324
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	9 Lettock
95 ye hin 1816 Go Sould'IN 10404 S. A. 1869 SERI MININI, 42. 33157	E. 841/6 D.

Office Use Only

OD | Res (10, 9.17.07 07 SEP IN PM 1: 02

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Hrmando Gonzalez, hereby resign as President		
(*iiio)		
or Psychiatric Consulting Network, Inc.		
(Name of Corporation)		
P0500095249, a corporation organized under the laws of the State of		
Florida.		
Signature of resigning of Jour/director) OT SEP 10 PM 1:		
FILING FEE IS \$35.00	18 S	

Make checks payable to Florida Department of State and mail to:

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