

P.06000140732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

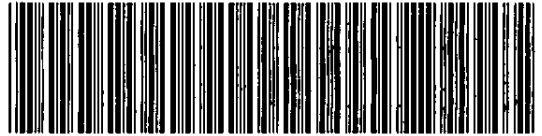
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09 OCT 15 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OLD Resign

D. CONNELL OCT 20 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW HAVEN MENTAL HEALTH CENTER, CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000140732

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

Please return all correspondence concerning this matter to the following:

Barbara Morales-George

(Name of Person)

NEW HAVEN MENTAL HEALTH CENTER, CORP.

(Name of Firm/Company)

2040 NE 163 ST. #208

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Morales-George

(Name of Person)

at ( 305 ) 781-2556

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lucia Ochoa, hereby resign as Vice President  
(Title)

of NEW HAVEN MENTAL HEALTH CENTER, CORP.  
(Name of Corporation)

P06000140732, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Lucia Ochoa, LMHC  
(Signature of resigning officer/director)

**FILED**  
09 OCT 15 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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