

P080000076972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

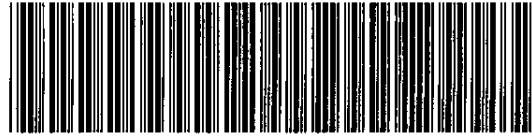
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214031714

11/10/11--01005--022 **35.00

Off/Sec Sup

FILED
11 NOV 10 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pathway Mental Health Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000076972

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

Please return all correspondence concerning this matter to the following:

Emma Geiger
(Name of Person)

Pathway Mental Health Services Inc.
(Name of Firm/Company)

15021 Lake Emerald Blvd.
(Address)

Tampa, Florida 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

Emma Geiger at (813) 505-2981
(Name of Person) (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**

FILED

11 NOV 10 PM 12:11

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I, Emma Geiger, hereby resign as officer/director
(Title)

of Pathway Mental Health Services Inc.
(Name of Corporation)

P08000076972, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

E. Geiger
(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