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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Medpsych Consultants, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P11000079042

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

Please return all correspondence concerning this matter to the following:

Daniel A. Melman, MD

(Name of Person)

(Name of Firm/Company)

411 North New River Dr. Apt 604

(Address)

Fort Lauderdale, FI 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel A. Melman

_{at (}786 \ 556 25

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} Daniel Melman	hereby resign as Director and Office	er
	(Title)	
of Medpsych Consultan		_ •
	Corporation)	
P11000079042	a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
May (Sign	hature of resigning officer/director)	,
	AHASSEE,	
FIL	ING 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