P14000012687

(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	idress)	
(Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	ddress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ci	ty/State/Zip/Phone	e #)
,(Document Number) Certified Copies Certificates of Status	PICK-UP	, WAIT	MAIL
Certified Copies Certificates of Status	(Bu	usiness Entity Nan	ne)
Certified Copies Certificates of Status Special Instructions to Filing Officer:	, (Dc	ocument Number)	
Special Instructions to Filing Officer:	Certified Copies	_ Certificates	of Status
	Special Instructions to	Filing Officer:	
•			
	•		



100263684551

08/27/14--01009--015 **35.00

TAND 27 ON 1.01

C. LEWIS

SEP 4 2014

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Meridian Behavioral Health Corp.

(Name of Corporation)

DOCUMENT NUMBER: P14000012687

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

Please return all correspondence concerning this matter to the following:

Hotse B. Langeraar

(Name of Person)

Meridian Treatment Solutions, Inc.

(Name of Firm/Company)

4401 W Tradewinds Ave, Suite 201

(Address)

Lauderdale By The Sea, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Hotse B. Langeraar

(Name of Person)

at (954) 557-9505 (Area Code & Daytime Telephone Number)

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

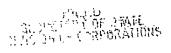
Mailing Address:

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



14 AUG 27 PM 1:01

, hereby resign as Vice President
(Title)
ealth Corp.
oration)
orporation organized under the laws of the State of
e 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