P14000090486

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	Office Use Only



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TO JAN 15 PH 7: 08

(RM) 1-16-5

TRANSMITTAL LETTER

TRANSMITTAL LETTER						
TRANSMITTAL LETTER TO: Amendment Section Division of Corporations SUBJECT: Health Psych Columns, Inc. (Name of Corporation)						
SUBJECT: Health Psych Solutions, Inc. (Name of Corporation) DOCUMENT NUMBER: P14000090486						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Stephany Weaver (Name of Person)						
(Name of Firm/Company)						
1444 Jasmine Way (Address)						
Clearwater FL 33756 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Stephany Weaver at (707) 244-1379" (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301						

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Stephan	y Wear	, hereby r	esign as PVCSIde	ent (Title)
of	Health	Psych	Solutions, of Corporation)	Inc.	
<u>p</u>	(Document Number,	0486		nized under the laws or	f the State of
	Florida	-	·		
					TALL ST
		(5	Signature of resigning of	Wave_	CAHASSE CAHASSE
				1	PH 7: 03

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