

P140000 90486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

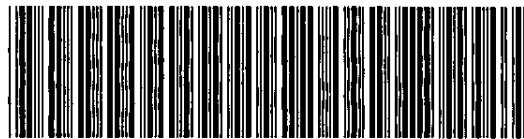
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000268120320

01/15/15--01005--025 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 15 PM 2:28

JAN 20 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Psych Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P14000090486

The enclosed Resignation of Registered Agent 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 (727) 244-1379
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

15 JAN 15 PM 2: 28

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Stephany Weaver

(Name of Registered Agent)

hereby resigns as Registered Agent for Health Psych Solutions, Inc.

(Name of Corporation)

P14 0000 90486

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Stephany Weaver

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**