

P1800005585-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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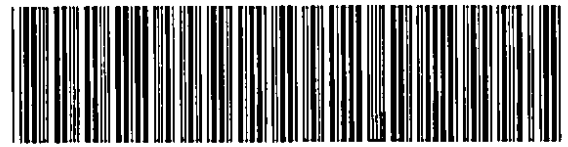
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 23 2018

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crawford, Falola MD, Psychiatry, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P18000055857

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

Please return all correspondence concerning this matter to the following:

Frank E. Maloney
(Name of Person)

Frank E. Maloney, Jr., P.A.
(Name of Firm/Company)

445 E. Macclenny Avenue
(Address)

Macclenny, FL 32063
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank E. Maloney at (904) 259-3155
(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

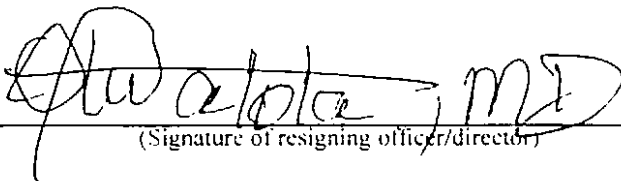
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Olumuyiwa A. Falola, hereby resign as Vice President
(Title)

of Crawford, Falola MD, Psychiatry, P.A.
(Name of Corporation)

18000055857, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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