

P20000035543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

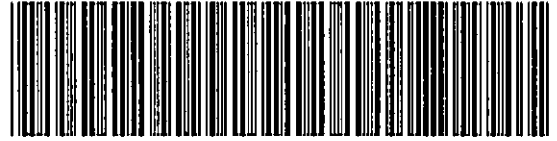
(Business Entity Name)

(Document Number)

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*old 12/21/21*

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALTERNATIVE PSYCHIATRY, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P 200000 35543

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

Please return all correspondence concerning this matter to the following:

MARK SYLVESTER  
(Name of Person)

ALTERNATIVE PSYCHIATRY, INC.  
(Name of Firm/Company)

8788 State Rd 70 E STE 101  
(Address)

Bradenton, FL 34202-3705  
(City/State and Zip Code)

For further information concerning this matter, please call:

Renee Matthews at ( 941 ) 928 9263  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

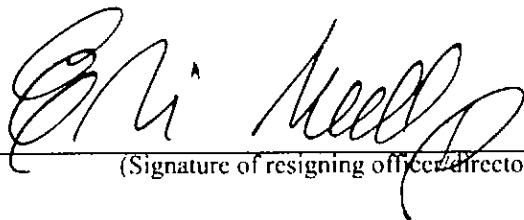
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Eli M. Kolp, hereby resign as vice President  
(Title)

of ALTERNATIVE PSYCHIATRY, INC.  
(Name of Corporation)

P 2 00000 35543, 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

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