

P21000044507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

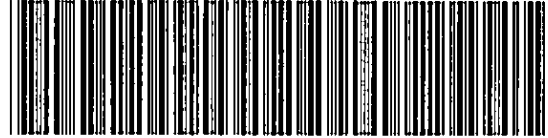
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TALLAHASSEE, FL 32399

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISCOVERY MENTAL HEALTH SERVICES, PA
(Name of Corporation)

DOCUMENT NUMBER: P210000-41507

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kelly L. Stevens

(Name of Person)

DISCOVERY MENTAL HEALTH SERVICES, PA

(Name of Firm/Company)

13453 N. MAIN STREET, SUITE 104

(Address)

JACKSONVILLE, FL 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

KELLY L. STEVENS at (904) 773-4390
(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

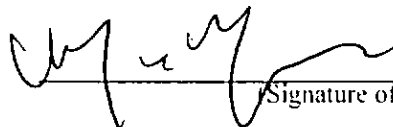
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MELISSA MOREE, hereby resign as TITLE P / PRESIDENT
(Title)

of DISCOVERY MENTAL HEALTH SERVICES, PA
(Name of Corporation)

P21000044507, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2022 APR -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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