

P93000059 625

(Requestor's Name)

(Address)

(Address)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Psychiatric Associates, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P93000059625

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

Please return all correspondence concerning this matter to the following:

Maria J. Lozano
(Name of Person)

Central Florida Psychiatric Associates, P.A.
(Name of Firm/Company)

2802 Aloma Ave. Suite 200
(Address)

Winter Park, FL. 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria J. Lozano at (407) 679-8004
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

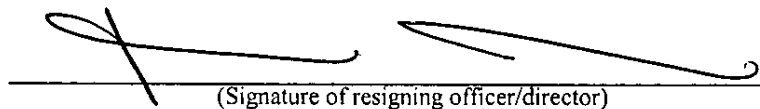
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ramon Martinez, hereby resign as Director / President
(Title)

of Central Florida Psychiatric Associates, P.A.,
(Name of Corporation)

P93000059625, 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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