

P940000683/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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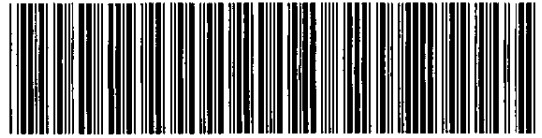
(Business Entity Name)

(Document Number)

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Off/Dir Resign

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 29 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Psychiatric & Behavioral Management, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P 94 000068319

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

Please return all correspondence concerning this matter to the following:

Carlos Torrellas M.D.
(Name of Person)

Psychiatric & Behavioral Management P.A.
(Name of Firm/Company)

490 Belfort Rd, Suite 140
(Address)

Jacksonville FL 32216
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Torrellas M.D. at (904) 296-6888
(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**

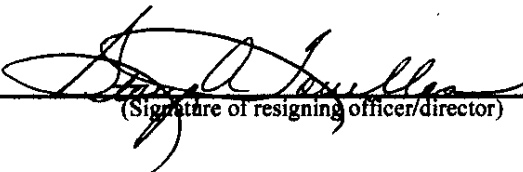
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Stacy A. Torrellas, hereby resign as Secretary/Treasurer
(Title)

of Psychiatric ^{And} Behavioral Management, P.A.
(Name of Corporation)

P94000068319, 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