

P95000000609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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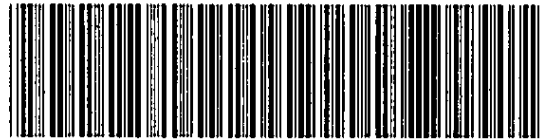
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

OD/ Resignation

CH
3/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRITICAL INTERVENTION SERVICES INC

(Name of Corporation)

DOCUMENT NUMBER: P95000000609

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

KARL C POULIN

(Name of Person)

CRITICAL INTERVENTION SERVICES INC

(Name of Firm/Company)

3700 ULMERTON RD STE 201

(Address)

CLEARWATER, FL 33762

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL C POULIN at (727) 431-3200

(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, TIMOTHY SULLIVAN, hereby resign as CFO
(Title)

of CRITICAL INTERVENTION SERVICES, INC.
(Name of Corporation)

P95000000609, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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