September 9, 1999

TELEPHONE: (305) 461-9499 TELECOPIER: (305) 461-9498

**400002985604**—-C -09/13/99--01133--002 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Dade Central Mental Health Center, Inc.

Gentlemen:

Enclosed is original Resignation for Oilda Rivera along with our firm's check in the sum of \$35.00. Please process this immediately.

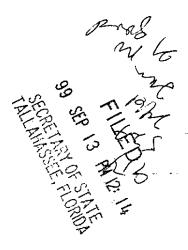
Very truly yours,

ARNALDO VELEZ

AV/gv Enc. SECRETARISEE, FLORIDE

of flering

## OFFICER / DIRECTOR RESIGNATION



T	Oilda Rivera	hereby resign as	President/Secretary/	
٠,		,,	(Title)	Treasurer
		` ,		
of	Dade Central M	ental Health Center, Inc.		<b>.,</b>
<u> </u>		(Name of Corporation)		
a corporation organized under the laws of the State ofFlorida				
r	,			
			_	_
and at	ffirm that the corporation	has been notified in writing of the resigna	tion.	
	(	Delda Kivera	•	· · · <u>-</u>
	<u> </u>			<u> </u>
		(Signature of resigning officer/direct	UE)	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314